INFORMATION SYSTEMS DIVISION

MITA ASSESSMENT AND BPR PROJECT

MITA 2.01 State Self Assessment Report

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1 EXECUTIVE SUMMARY

1.1 Deliverable Document Overview

This document is organized in six major sections:

- **Executive Summary** – Briefly presents the main topics discussed in the document including MITA overview, MITA Assessment and BPR Project overview, and a Summary of Findings.
- **Alabama Medicaid Agency SS-A Overview** – Describes the overall MITA State Self-Assessment (SS-A) project and the methodologies utilized.
- **MITA SS-A Business Assessment Results** – Presents the results of the Business Assessment at the Business Process (BP) level within the eight Business Areas. This includes the As Is and To Be maturity assessment for each BP.
- **MITA SS-A Technical Assessment Results** – Presents the results of the As Is Assessment at the Technical Function (TF) level within the seven Technical Areas. This includes the As Is maturity assessment for each TF.
- **Conclusion – Moving Toward the Transition Plan** – Discusses Agency efforts already under way, major To Be themes emerging from the SS-A and addresses defining an overall To Be strategy.
- **Appendices** – Contains presentations of the details that support the key findings of the assessment and a Glossary of MITA terms.

1.2 MITA Overview

MITA is a business initiative of the Centers for Medicare & Medicaid Services (CMS) in cooperation with State programs, intended to stimulate an integrated business and technological transformation of the Medicaid enterprise in all States. MITA can improve Medicaid program administration by aligning business processes and supporting technology with national guidelines. The MITA Framework 2.01 is a consolidation of principles, business and technical models, and guidelines that creates a template for States to use to develop their individual enterprise architectures, in a manner that is consistent with CMS expectations. In the future, MITA guidelines will support States' requests for appropriate Federal Financial Participation (FFP) for their Medicaid Management Information Systems (MMIS).

MITA is intended to provide a business and information architecture which states can use as a framework for improving Medicaid and exchanging data throughout the enterprise. Affected stakeholders might include beneficiaries, vendors and service providers, State and Federal Medicaid agencies, and other agencies and programs that are supported by Federal matching funds.

MITA identifies common Medicaid business processes and seeks to convert them into web services. Web services encompass standards that enable automated applications to communicate and exchange data over the Internet (or Intranet) across many sites and organizations. The development of common data and information standards allows

interoperability across different platforms, integration of applications, and modular programming so that changes can be introduced incrementally and existing information assets can be leveraged. MITA entails far more than paying and documenting claims; it envisions significant business processing, information, and technical changes:

- Improvements in monitoring programs and the quality of care through data sharing across the Medicaid enterprise
- Efficient use of resources through sharing reusable software
- More timely responses to program changes and emerging health care needs
- Improved access to high quality information so that patients and providers can make more informed decisions about health care

This transformation is profound because of the scope of necessary business and technology changes required, and the fact that some required technologies have not yet fully evolved. Some changes can be made in two to three years, but others will take five to ten years.

1.3 MITA Assessment and BPR Project

1.3.1 Background

The purpose of this project is to conduct a MITA 2.01 State Self-Assessment (SS-A), to reengineer the business processes of the Alabama Medicaid Management Information System (MMIS) Recipient Subsystem, implementing improvements where possible, and setting the stage for a follow-on phase in which the entire Recipient Subsystem will be redesigned and reengineered. The project advances the Alabama Medicaid Agency's vision of becoming a national model for enterprise level transformation, modernization and interoperability for MMIS, Health and Human Service (HHS) Systems and Health Information Systems (HIS) based on the MITA 2.01 Framework.

The objectives of this project are to:

1. Conduct a MITA Framework Version 2.01 SS-A system and enterprise-level assessment based on current and future MITA alignment and interoperability, including:
    a. The Alabama Medicaid Management Information Systems (AMMIS)
    b. The Recipient Subsystem of the AMMIS and the related subsystems
    c. The Together for Quality (TFQ) Transformation Grant Health Information System (HIS) Project
    d. The Alabama Camellia II Project
2. Reengineer the business processes of the AMMIS Recipient Subsystem and its related subsystems interfaces, identifying opportunities for improvement and implementing those improvements wherever possible.

The Alabama Medicaid Agency (the Agency) State Self- Assessment includes:

- Business Process As Is Assessment and Validation

- Systems and Technology As Is Assessment [Technical Assessment (TA)]
- Targeted To Be Business Process Planning

The SS-A consists of two components: the business and technical assessments. An overview of the steps involved in the Agency State Self-Assessment (SS-A) can be found in Figure 1 Alabama Medicaid State Self-Assessment Project Overview.

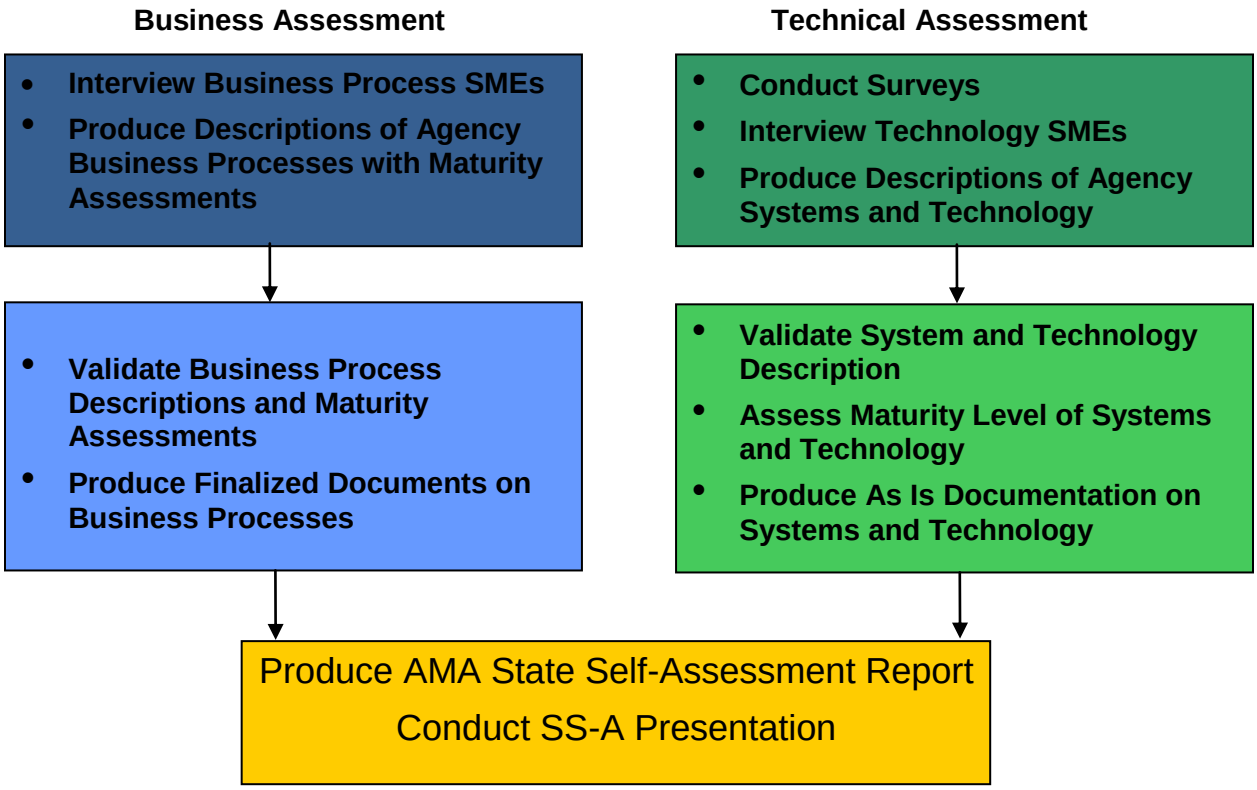


Figure 1 Alabama Medicaid State Self-Assessment Project Overview

The results of the business assessment, i.e., the mapping, description of the Agency business against the MITA framework (79 processes in eight key areas), and MITA Maturity assessment is documented in Section 3 of this report. The results of the technology As Is assessment, which assessed the Agency's technical maturity, are documented in Section 4 of this report. The business assessment and the technical assessment were conducted in parallel. This document addresses each of the assessments separately, then, brings together, in Section 5, the major themes noted in each assessment to support the goal setting and strategy to attain the Agency's To Be capabilities.

Based on the information gathered in the Business Process sessions, Maturity levels for each process were assessed for both 'As Is' and 'To Be'. The time frame for 'To Be' assessment requested by Alabama Medicaid in the ITB was up to three years. In acknowledgement of the MITA SS-A as a part of the larger MITA Assessment and BPR Project, the FOX team identified three points in the future for which a To Be Objective needed to be identified. These three points in time are as follows:

- MMIS Short Term – References To Be objectives appropriate to the MMIS Re-procurement project which is currently in the planning stage.
- BPR Near Term – References To Be objectives appropriate to the BPR portion of this project.
- MITA Long Term – Looks 10 years out to the long-range goals and objectives of the Alabama Medicaid Agency.

1.3.2 Overview of Alabama Medicaid Agency Enterprise

MITA is a plan to transform Medicaid. The first step is to look at Medicaid as not just a division, but as a State Medicaid Enterprise. While the majority of Medicaid activities occur within the Agency, MITA allows us to also look at the relationships and interdependencies within other business areas to accomplish the mission of Medicaid. Other agencies include, but are not limited to: Department of Human Resources (DHR), Department of Senior Services (DSS), Alabama Rehabilitation Services (ARS), Department of Finance (DOF), Department of Public Health (DPH), Department of Public Safety (DPS), Department of Education (DOE), etc. Figure 2 depicts the Alabama Medicaid Enterprise as demonstrated in the MITA Assessment.

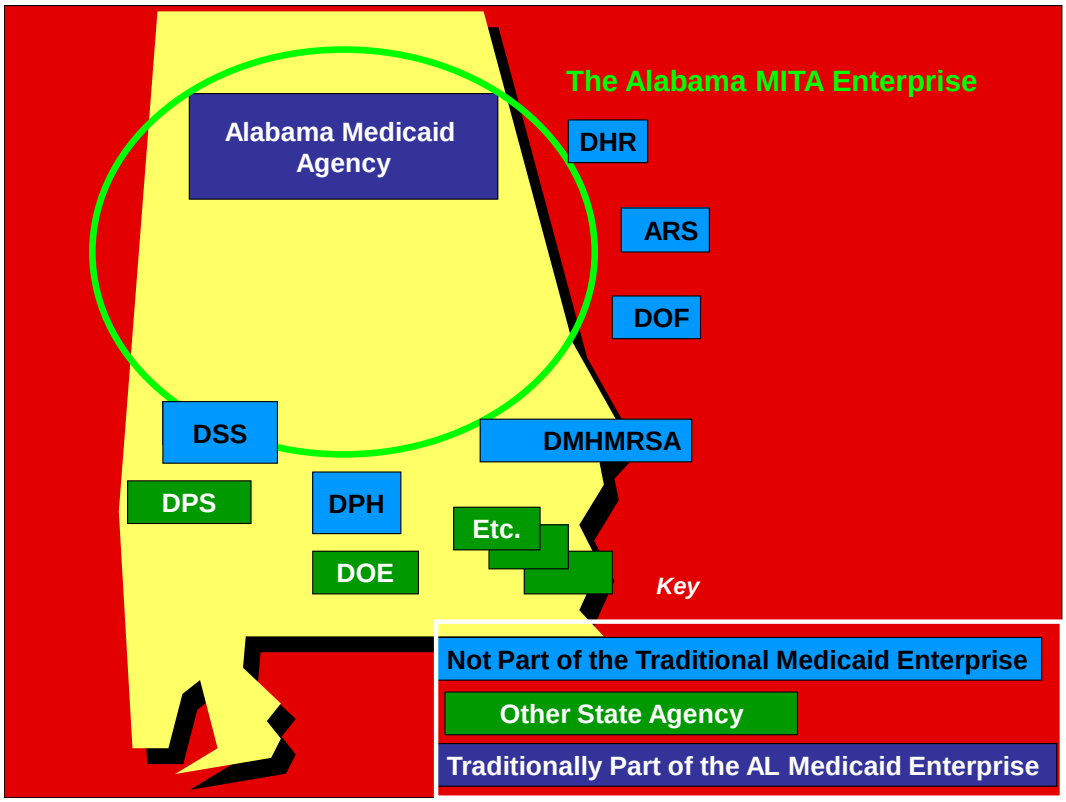


Figure 2 The Alabama Medicaid MITA Enterprise

During the course of the MITA Assessment, the Agency went through staff reorganization. This did impact the project to some extent when trying to obtain the participation of the individual with the subject matter expertise rather than the person currently in the applicable position. Figure 3 depicts the current Alabama Medicaid Agency Organization.

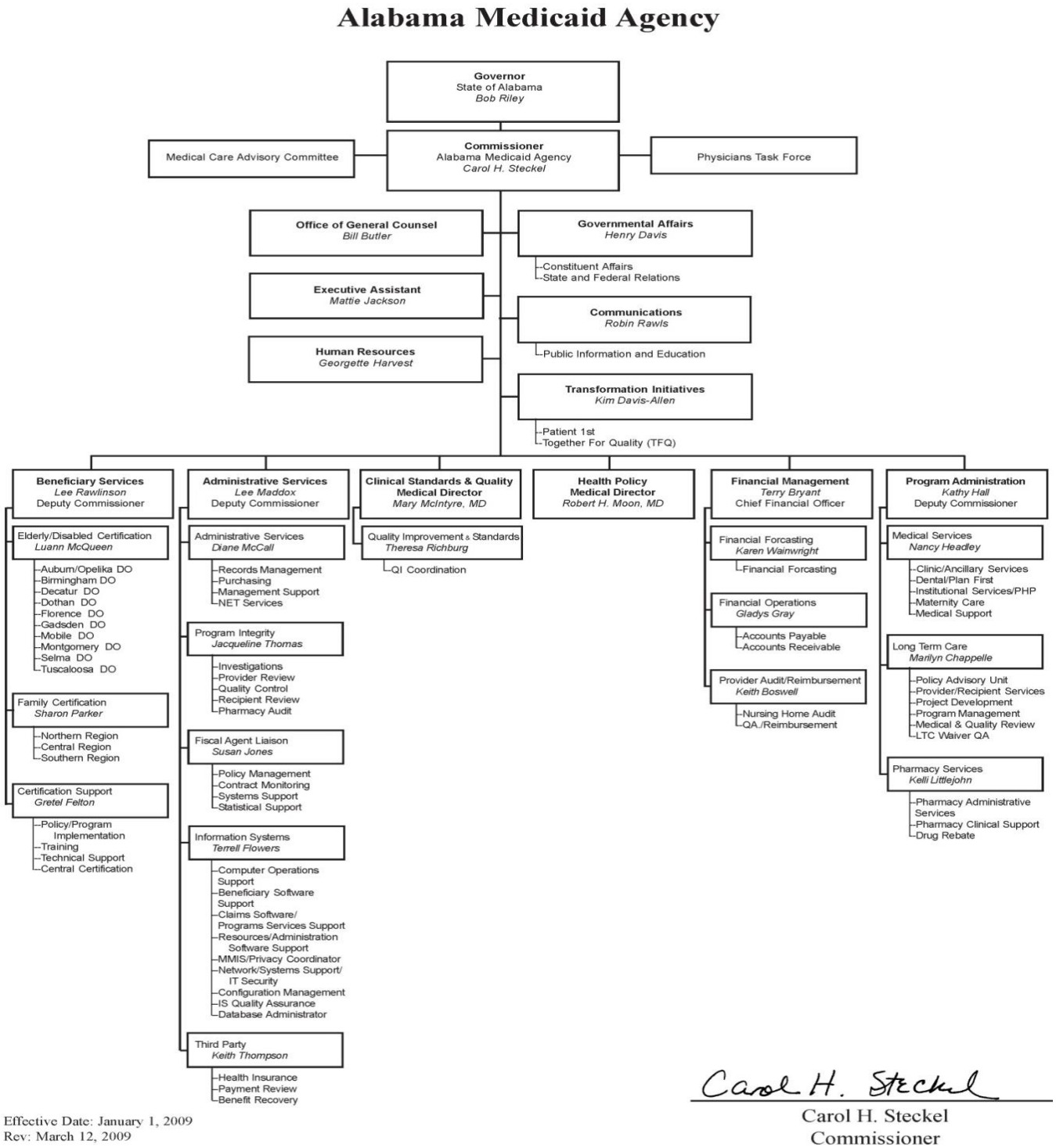


Figure 3 Alabama Medicaid Agency Organizational Chart

1.3.3 Participants

Participants and subject matter experts (SMEs) in the MITA State Self-Assessment (SS-A) of the project were identified with the assistance of the Agency project executives and management. For a full listing of all participants, see Appendix B of this report.

The participants in the MITA Assessment and BPR Project include both Agency staff and FOX project team members. The following table lists the key participants.

Table 1 Key MITA SS-A Project Members

Agency Participants	FOX Participants
Terrell Flowers – Primary Coordinator	Joe Lombardi – Project Manager
Paul Brannan – MITA Coordinator	Nancy Ferguson – Deputy Project Manager
Lee Rawlinson – Secondary Co-Coordinator	Robin Pratt – Senior MITA SME
Gretel Felton – Secondary Co-Coordinator	Carmen Burleigh – Business Analyst
John Napier – State Project Manager	Jacob Thomas – Technical Analyst
	Erica Salti – Jr. Business Analyst

1.4 Summary of Key Findings

1.4.1 Aligning Alabama Medicaid's Vision with the MITA Vision

One of the key elements of MITA is the consideration of mission and vision principles for the Medicaid Program. The Alabama Medicaid Mission Statement, Vision, and Values are listed in Table 2.

Table 2 Alabama Medicaid Agency Guiding Principles and Objectives

Alabama Medicaid Guiding Principles	
Alabama Medicaid Mission Statement	To serve eligible, low income Alabamians by efficiently and effectively financing medical services in order to insure patient-centered, quality focused healthcare.
Alabama Medicaid Vision	To be a leader through innovation and creativity, focusing on quality and transforming Alabama's healthcare system.
Alabama's Values	▪ Respect – *We are a caring organization that treats each individual with dignity, empathy, and honesty.*

Alabama Medicaid Guiding Principles	
	▪ Integrity – *Our stakeholders can depend on the quality, trustworthiness, and reliability of our Agency's employees and representatives.* ▪ Excellence – *We are committed to maximizing our resources to ensure the residents of Alabama have access to quality health care.* ▪ Teamwork – *Our success depends upon establishing and maintaining effective collaborative partnerships.* ▪ Innovation – *We willingly embrace new ideas and new ways of doing things to effectively meet a changing health care environment.*

Next, the goals and objectives as defined in the MITA Framework 2.01 were aligned with the functional objectives identified by the Agency for each Business Area. The MITA goals and objectives are defined as:

1. Develop seamless and integrated systems that communicate effectively to achieve common Medicaid goals through interoperability and common standards
2. Promote an environment that supports flexibility, adaptability, and rapid response to changes in programs and technology
3. Promote an enterprise view that supports enabling technologies that are aligned with Medicaid business processes and technologies
4. Provide data that is timely, accurate, usable, and easily accessible in order to support analysis and decision making for healthcare management and program administration
5. Provide performance measurement for accountability and planning coordinate with public health and other partners, and integrate health outcomes within the Medicaid community

The MITA capability and Alabama goal alignment is depicted in Table 3 below. The goals and objectives were obtained from numerous documents including the Invitation to Bid, Beneficiary Services and Third Party Wish List, various documentation provided by SME's, and from

discussions via the Business Process Assessment sessions. The State will need to determine whether they wish to include these potential goals when they next review agency goals.

Table 3 MITA Goals and Objectives

Business Area	MITA Capability Improvements	Alabama Goals
Provider Management	• One-stop shop for enrollment & credentialing • Automated credential updates • National enrollment data standards • Provider network meets community needs • Pay for performance & quality of care	• Provide a centrally located, Provider Web portal to enroll, validate, update, and share information across all agencies • Incorporate National Standards • Increase participation rate performance with better data access and reliability • Health Care Quality through High Performance Program Management
Member Management	• No wrong door • National enrollment data standards • Patient empowerment/ decisions • Preventive care • Universal coverage – the states will have to understand how the healthcare reform is to be managed. • Access to quality care	• Build a screening and referral Web portal that will be a single point of entry to all state services, via Family Resource Centers • Enhance Camellia to expand shared, outreach and screening function by expanding to an electronic rules engine using national enrollment data standards • Develop Applicant/Beneficiary Self-Service Web Portal
Care Management	• Medical home • Access to clinical data at point of care management • Supports patient empowerment • Interoperable data sharing via HIE	• Enhance patient quality of care with service coordination tools and effective provider communication • Continue to educate and encourage the use of the electronic clinical support tool • Develop Applicant/Beneficiary Self-Service Web Portal • Develop a universal case view across all agencies

Business Area	MITA Capability Improvements	Alabama Goals
Business Relationship Management	• Collaboration of Medicaid with Public Health, Behavioral Health, local, other states, and federal agencies • Secure, de-identified HIE nationally • Service Level Agreements for HIE	• Sharing of eligibility verification and validation information across state and federal agencies and programs via standard interfaces • Expand the Medicaid/Public Health network to interface with other state and federal agencies • Develop a partnership with providers and other non provider public sites
Program Management	• Instant access to accurate, timely clinical & admin data via secure HIE • Dash board decision support information • Data supports strategic planning • Changes in eligibility, enrollment, benefit plan, and service rules are instantly implemented	• Develop electronic case, retrieval and document management system with access to all state, federal, and • Improve Interfaces/Matches/Transmissions Processes • Provide for efficient access to the information needed by Enterprise processes. For example, to determine eligibility, determine availability of TPL resources, view Program Integrity actions, and view legal actions.

Business Area	MITA Capability Improvements	Alabama Goals
Operations Management	• Streamline transaction processing through access to clinical data; use of HIE • Move from transaction focus to strategic action • Adopt MITA SOA to streamline maintenance & enhancements, reuse components	• Paperless – Convert 50% of internal systems to paperless by FY12 • Continue to educate and encourage use of electronic clinical support tool • Reengineer Application and Eligibility • Create Electronic Case Record and Retrieval and Document Management System • Implement Service Oriented Architecture (SOA) to provide flexibility in business process design and stability in infrastructure by adhering to industry standards
Program Integrity	• Focus on preventing problems and rewarding quality • Integrity, quality permeate all operations • Appropriate model for managed care • Shifting focus from daily operations to strategic focus on how to meet the needs of the population within budget	• Enhance QI and Utilization management to detect fraud and abuse • Enhance secure electronic access to information • Develop a comprehensive statistical profile for delivery and utilization patterns • Use of current State operations that Medicaid has duplicated freeing up experienced staff for business analysis; i.e. using student interns or graduate students which may lead to full time employment.

Business Area	MITA Capability Improvements	Alabama Goals
Contractor Management	• Integrate MITA principles • Promote SOA • Measure performance of Service Level Agreements	• Utilize electronic standards to communicate with administrative and health services contractors (e.g., Maternity Care contractors) • Seamless interface with all contracted entities into state dashboard • Integrate enterprise-level analysis and reporting

1.4.2 Summary of Business and Technical Assessment Results

This section summarizes the results of the SS-A for both the Alabama Medicaid Agency Enterprise business processes and IT architecture. MITA provides the MITA Maturity Model as the scale against which a business process is assessed. This scale consists of 5 maturity levels through which a process will evolve over time. The MITA framework defines the capabilities for each process at each of the five maturity levels. For a summary of the capabilities at each level of the MITA Maturity Model, see Section 2.2, Description of the MITA SS-A Process.

The Fox Project Team determined the MITA Maturity Level of each business process and technical function after meeting with Subject Matter Experts (SME). Level determination was made after assessing multiple capabilities as defined by MITA for each of the business processes and technical functions. The information presents the As Is and To Be MITA Maturity Levels for the Business Assessment and the As Is Maturity Levels for the Technical Assessment.

Each of the following three tables displays the assessed MITA Maturity at the Business Area (BA) and Technical Area (TA) level. The table displays the number of business processes or technical functions within each Business or Technical Area that were assessed against the applicable Maturity Levels, listed across the top of the table.

For definitions of what business processes are addressed by a Business Area, see Section 2.

Color Legend: The proportion of the Business Area that is assessed at the indicated level (see percentage in parentheses)

1 – 25%		51 – 75%	
26 – 50%		76 – 100%	

Table 4 Summary of Business Assessment As Is Maturity

Business Area Name	Maturity Level 1	Maturity Level 2	Maturity Level 3	Maturity Level 4	Maturity Level 5
Member Management – 8 Business Processes This BA as a whole is currently at Level 1.	8 (100%)	0	0	0	0
Provider Management – 7 Business Processes This BA as a whole is currently at Level 1.	7 (100%)	0	0	0	0
Contractor Management – 9 Business Processes This BA as a whole is currently at Level 1.	9 (100%)	0	0	0	0
Operations Management – 21 Business Processes This BA as a whole is currently a mix of Level 1 and Level 2. **Note:** MITA includes 26 business processes in this BA, Alabama Medicaid does not currently engage in five of them. All but one (Calculate Spend Down) did result in a To Be assessment.	16 (76.2%	5 (23.8%)	0	0	0
Program Management – 19 Business Processes This area as a whole is currently a mix of Level 1 and Level 2.	16 (84.2%)	3 (15.8%)	0	0	0
Business Relationship Management – 4 Business Processes This BA as a whole is currently at Level 1.	4 (100%)	0	0	0	0
Program Integrity Management – 2 Business Processes This BA as a whole is currently at Level 1.	2 (100%)	0	0	0	0

Business Area Name	Maturity Level 1	Maturity Level 2	Maturity Level 3	Maturity Level 4	Maturity Level 5
Care Management – 3 Business Processes This BA as a whole is currently at Level 1. **Note:** MITA includes 4 business processes in this BA, Alabama Medicaid does not currently engage in one of them.	3 (100%)	0)	0	0	0

The three points in the future for which a To Be Objective was assessed are as follows:

- MMIS Short Term – References To Be objectives appropriate to the MMIS Re-procurement project which is currently in the planning stage.
- BPR Near Term – References To Be objectives appropriate to the BPR portion of this project.
- MITA Long Term – Looks 10 years out to the long-range goals and objectives of the Alabama Medicaid Agency.

Color Legend: The proportion of the Business Area that is assessed at the indicated level (see percentage in parentheses)

0 – 25%		51 – 75%	
26 – 50%		76 – 100%	

Table 5 Summary of Business Assessment To Be Maturity Goals

To Be Point in Time	Maturity Level 1	Maturity Level 2	Maturity Level 3	Maturity Level 4	Maturity Level 5
Member Management – 8 BPs					
MMIS Short Term	8 (100%)	0	0	0	0
BPR Near Term	0	8 (100%)	0	0	0
MITA Long Term	0	0	8 (100%)	0	0
Provider Management – 7 BPs					
MMIS Short Term	7 (100%)	0	0	0	0

To Be Point in Time	Maturity Level 1	Maturity Level 2	Maturity Level 3	Maturity Level 4	Maturity Level 5
BPR Near Term	3 (42.9%)	4 (57.1%)	0	0	0
MITA Long Term	0	0	7 (100%)	0	0
Contractor Management – 9 BPs					
MMIS Short Term	9 (100%)	0	0	0	0)
BPR Near Term	3 (33.3%)	6 (66.7%)	0	0	0
MITA Long Term	0	1 (11%)	8 (89%)	0	0
Operations Management – 26 BPs					
MMIS Short Term	14 (66.7%)	7 (33.3%)	0)	0	0
BPR Near Term	12 (54.5%	10 (45.5%)	0	0	0
MITA Long Term	0	0	25 (100%)	0	0
Program Management – 19 BPs					
MMIS Short Term	16 (84.2%)	3 (15.8%)	0	0	0
BPR Near Term	13 (68.4%)	5 (26.3%)	1 (5.3 %)	0	0
MITA Long Term	0	4 (21%)	15 (79%)	0	0
Business Relationship Management – 4 BPs					
MMIS Short Term	4 (100%)	0	0	0	0
BPR Near Term	0	4 (100%)	0	0	0
MITA Long Term	0)	0	4 (100%)	0	0
Program Integrity Management – 2 BPs					
MMIS Short Term	2 (100%)	0	0	0	0
BPR Near Term	0	2 (100%)	0	0	0
MITA Long Term	0	0	2 (100%)	0	0
Care Management – 4 Ps					

To Be Point in Time	Maturity Level 1	Maturity Level 2	Maturity Level 3	Maturity Level 4	Maturity Level 5
MMIS Short Term	3 (100%)	0	0	0	0
BPR Near Term	0	3 (100%)	0	0	0
MITA Long Term	0	0	3 (100%)	0	0

In Table 6, below, the technical assessment uses a scale of shaded symbols that indicate the following:

○ The majority of the Technical Area is not automated and performed primarily by manual processes or data comes into the system through paper or fax

◔ The majority of the Technical Area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats

● The majority of the Technical Area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

For definitions of what technical functionality is addressed by a Technical Area, see Section 3.

Color Legend: The proportion of the Technical Area that is assessed at the indicated level (see percentage in parentheses)

0 – 25%		51 – 75%	
26 – 50%		76 – 100%	

Table 6 Summary of Technical Assessment As Is Maturity

Technical Area Name	Maturity ○	Maturity ◎	Maturity ●
Business Enabling Services – 11 Technical Functions The technical functions within this area are at the following levels:	11 (100%)	0	0
Access Channel – 2 Technical Functions The technical functions within this area are at the following levels:	2 (100%)	0	0
Interoperability Channels – 5 Technical Functions The technical functions within this area are at the following levels:	5 (100%)	0	0
Data Management and Data Sharing – 2 Technical Functions The technical functions within this area are at the following levels:	2 (100%)	0	0
Performance Management – 2 Technical Functions The technical functions within this area are at the following levels:	1 (50%)	1 (50%)	0
Security and Privacy – 6 Technical Functions The technical functions within this area are at the following levels:	5 (83.33%)	1 (16.67%)	0
Flexibility - Adaptability and Extensibility – 4 Technical Functions The technical functions within this area are at the following levels:	3 (75%)	1 (25%)	0

1.4.3 Common Themes Emerging from the SS-A

There are a number of underlying themes that will challenge the State's Medicaid Enterprise ability to progress though the 79 MITA business process maturity levels outlined by the goals and target maturity levels identified by the SMEs.

These are listed in no specific order.

1. **Adequate Staffing** – The resources in some units (e.g., OGC, Finance) are so tight that implementation of new capabilities will need, at least temporarily, additional support staff. Current staff cannot simultaneously maintain the current workloads and be involved in implementing new capabilities. In other areas, as staffing levels are reduced and institutional knowledge is lost, there is a risk in terms of the Agency's ability to maintain the current level of successful operations, let alone sustain successful efforts to implement reengineered processes. There is a static number of staff that the Agency can have, which is set by the Governor's office. A State personnel hiring freeze, impacts the State's ability to progress along the MITA continuum.
2. **Communication** – Communication within and between IT personnel and other Agency units is inconsistent and/or insufficient.
    a. Up to date documentation of Agency systems is not centrally available, is inconsistent, and in some instances is non-existent
    b. There is a lack of collaborative effort between Agency units to support one another and provide information regarding what technologies are available in the industry or within the Agency
    c. There is a need for a communications tracking mechanism within the Agency as well as with external agencies.
3. **Technology Organization** – During the assessment of business and technical capabilities, FOX noticed that the information required to manage the business process is scattered across the enterprise and there is no common repository or knowledge base to store information. Currently there is no documentation available that draws and coordinates an enterprise wide picture of business processes describing how all the systems interface or relate. There does not appear to be one department or group that is responsible for the various systems in use. And, there are currently there no architectural standards followed consistently across the Medicaid Enterprise.

    With MITA compliance, it is imperative that the State stays abreast of cutting edge technology in order to leverage system architectures and Web technologies to provide an economical and flexible way to manage the business processes. The Alabama Medicaid Agency should focus on increasing automation and system integration and decrease reliance on manual processes as much as possible. In order to ensure the efficient operation and management of various business processes, the State should consider upgrading the State information technology equipment on a periodic basis to keep automated technologies current. The State should consider analyzing the technological maturity of the system and implement solutions that have increased

flexibility and a broader scope in conjunction with the As Is To Be gap analysis that coordinates the effort with the MITA initiative.

In addition, user consideration is not properly contemplated in the procurement decision making process for equipment and State supported systems. Technology improvements and the manner in which technology is implemented do not take into account user learning curves and the time in which to learn. New versions are introduced with limited or no training, before the previous version is implemented or mastered.

One recommendation would be that a group be established within the organization responsible for Technology. This group would be responsible for determining the Technology Strategy for the Agency moving forward including the establishment of standards, enterprise wide system mapping, implementation planning and training.

4. **Data Standards and Enterprise Data Modeling** – The most critical task associated with data governance is to establish a standard data model to be used across the enterprise. This is a key to management. A defined data model will benefit the State in several ways:
    a. First, the State will be better positioned to plug-and-play systems, reducing cost and increasing competition. Data exchanges using a standard data set can be shared in the procurement process as a mandatory system requirement. Over time, this requirement will make it much easier to make decision based on better functionality rather than the ability to interface between systems.
    b. Second, system improvements can anchor to a single model for data sharing and use. This will reduce the time and risks associated with systems implementations. Testing of interfaces and testing of modules can occur more quickly and with data predictable results.
    c. Third, adopting an Enterprise data model will better position the State to systematically adopt the national models provided by MITA in the future. Further, Alabama has an opportunity to assist in the development of the national MITA data models, reducing the long term impacts.
    d. Finally, the fourth benefit will allow recipients and providers improved interactions with the Alabama Medicaid Enterprise as predictable data values promote consistency and accuracy of information. A standard data model also makes it much easier to share and maintain accurate data across business units, reducing the risk of inconsistencies.
5. **Workflow Management and Electronic Document Management** – As the Alabama Medicaid Agency moves toward MITA maturity level 3, workflow management would benefit from ongoing improvement initiatives. Currently, Alabama uses event tracking as a basic workflow, but this process is primarily manual and does not have the capability to electronically route files to business or individuals involved in the process. Business processes will only continue to identify and realize improvements where activities and

tasks are measured and analyzed. Workflow management and improved metrics would allow the Alabama Medicaid Enterprise to target resources to areas of opportunity.

Increasing the use of electronic document management would benefit virtually every aspect of Medicaid operations. The electronic system maintaining critical documents would act as the single system of record. This system should be available on-line for authorized users. This functionality would allow improved management of versioning, shared understanding through shared documentation, and a vehicle for distributed work management.

6. **Rules Driven Processing –** A vast majority of the system and business rules in the Alabama Medicaid Enterprise are hard coded in the program codes and tables. Changes to business rules require programming changes and programming knowledge. Systems lists and system parameter tables are used in AMAES, AMMIS, and TFQ. Systems like AMAES, BENDEX, SDS, and SVES are hosted on a mainframe environment and the business rules are within the COBOL codes.

   In order to move the Alabama Medicaid Enterprise to level three and above, a Commercial Off-The-Shelf (COTS), state-of-the-art business Rules Engine or Business Process Management software should be used to record business rules for many business functions, such as provider enrollment, benefit plan administration, claims processing, prior authorizations and reference.

   The Alabama Medicaid Agency would benefit from a rules engine. The rules engine provides the flexibility and capability to Agency staff to perform on-line changes such as modifying rules, adding or changing benefit/reimbursement components, and adding a new provider type/service category without programming intervention with user-configuration feature to support desktop functionality. The Rules Engine should allow the policy changes to be entered into MMIS/DSS more quickly and usually without programmer intervention.

7. **Configuration Management** – The Agency does not have a formal, best-of-breed approach to configuration management. There are no published procedures or configuration management plan. The Agency should consider implementing a configuration management process that ensures, establishes and maintains consistency of a system's or product's performance and its functional and physical attributes with its requirements, design, and operational information throughout its life. Under SOA architecture, constant demand for application and infrastructure changes can pose significant risk. An uncontrolled approach to changes can result in business disruptions. The Agency will need to adopt a controlled, enterprise-wide approach to system changes if they take on more of the MMIS IT support role in the future. Selecting software configuration management tools that supports simultaneous development and integration of future releases will be needed in the modular MITA enabled environment.

8. **Forms Management** – Currently, data is entered into the Alabama Medicaid systems via manual data entry on hardcopy forms or online electronic forms. Almost 75% of the data is entered through electronic forms. There is no formal forms management within

the Agency. All these forms are managed locally by various units. Making all forms available in an electronic format with a forms control process to oversee various aspects of the creation, revision, inventory, tracking and distribution of forms (as well as envelopes, brochures, pamphlets, posters, flyers, reports, and handbooks) produced by the Agency would be more efficient and economical long term. This would also assure that printed and computer generated forms are in compliance with the Alabama law (if any) that mandates language/standards of forms.

These themes emerge as various programmatic challenges across the business architecture within the Alabama Medicaid Agency. These challenges were identified during the Business Assessment and Technical Assessment sessions.

2 ALABAMA MEDICAID AGENCY SS-A OVERVIEW

2.1 Project Scope and Approach

The goal of the State Self-Assessment (SS-A) was to produce a system and enterprise level assessment based on current and future MITA alignment and interoperability of:

- The Alabama Medicaid Management Information Systems (AMMIS)
- The Recipient Subsystem of the AMMIS and the related subsystems
- Medicaid's Together for Quality (TFQ) Transformation Grant Health Information System (HIS) Project
- Alabama's Camellia II Project (Camellia II Project) to increase health and human service outcomes for children and families by building an integrated Health and Human Services (HHS) infrastructure to coordinate technology and business processes of multiple systems

The tasks associated with this scope of work included the following major areas:

- Documenting Agency Mission and Goals
- Documenting the Agency Systems and Technology
- Documenting the Agency As Is Business Processes
- Mapping Agency As Is to MITA Framework Processes
- Assigning an As Is and To Be Maturity Level to each Agency Business Process
- Documenting Gaps
- Develop a Transition Plan with MMIS Short Term, BPR Near Term and Long Term Goals

2.2 Description of the MITA SS-A Process

MITA is intended to provide States with an information architecture which they can use as a framework for improving Medicaid and exchanging data throughout the enterprise, including beneficiaries, vendors and services providers, State and Federal Medicaid agencies, and other agencies and programs which are supported by Federal matching funds. While Medicaid Agencies rely substantially on technology to perform their work, MITA envisions changes that will enable the Medicaid business processes to drive the technological changes over the next decade. MITA also envisions that many of these business processes might be similar among the various Medicaid agencies, and that some economies might be gained if these processes can be modeled and shared among States. The goal of MITA was articulated:

> *Establish a national framework of enabling technologies and processes that support improved program administration for the Medicaid enterprise and for stakeholders dedicated to improving health care outcomes and administrative procedures for Medicaid beneficiaries.*

CMS established the MITA framework, which elaborated on the MITA vision. That framework adapted the best practices in the industry to meet the unique requirements of Medicaid. The framework detailed that MITA would include a Business Architecture, an Information Architecture, and a Technical Architecture that would work in concert to define and improve the administration of Medicaid enterprises.

The Business Architecture includes all of the business processes defined by the Medicaid Agency and establish a maturity level for each of them. The Information Architecture will define the data and standards necessary to conduct these business operations. Finally, the Technical Architecture establishes fundamental concepts of technology, such as interoperability, modularity, and flexibility, without naming specific technology or systems. The Technical Architecture is still in early stages of development, but the Information Architecture (IA) has almost no structure in the Framework 2.01. The Business Architecture is much more robust and in Framework 2.01 has been through a review via the established MITA governance process.

The development of the IA is currently taking place at Health Level Seven (HL7), where all of the business processes are being modeled. All of the concepts in the framework allow individual Medicaid agencies the options and flexibility to pursue their own Enterprise Architecture (EA), while still adhering to the basic principles that move the entity forward on the continuum to more mature capabilities that better meet the established goals and objectives.

Fundamental to implementation of the MITA concept is the requirement for each State to conduct a SS-A. Within the SS-A, each State is to carefully and honestly look at its current business processes to establish which ones pertain to its Medicaid operations and at what maturity level that business process is—the As Is state. The capabilities of a process at each MITA maturity level are specific to that process. However, these capabilities can be generalized:

- **Level 1 –**
  - The agency focuses on meeting compliance thresholds dictated by state and federal regulations
  - Processes are primarily manual
- **Level 2 –**
  - The agency focuses on cost management and improving quality
  - Processes are a mix of manual and automated, standards are introduced
- **Level 3 –**
  - The agency focuses on coordination with other agencies and collaboration in adopting national standards and developing shared business services
  - Processes are primarily automated, systems are implemented through Service Oriented Architecture (SOA)
- **Level 4 -**
  - Widespread and secure access to clinical data
  - Focus on program improvement
- **Level 5 –**
  - National (and international) interoperability allows the Medicaid enterprise to focus on fine tuning and optimizing program management, planning, and evaluation.

Once the As Is Maturity is determined, the SS-A requires the State to consider where it would like to be over the next period of time. While MITA typically looks at a 5 to 10 year time frame, the time period is determined by the State. This is the To Be maturity level for each business process. Between the As Is and the To Be are issues that must be addressed before the State can progress to the higher maturity. Those issues represent the Gaps. As a State defines its To Be maturity level, it must also elaborate on functionality it would need to accomplish that maturity. That may represent both business process and technical requirements to achieve that goal.

The plan to get to the desired To Be MITA Maturity Levels is developed by the State and remains a living document. The MITA framework provides roadmap guidelines, but the State of Alabama must prioritize and specify its own roadmap. Throughout the course of the journey, different issues will become more important and will jump the priority list, new Federal and State laws will demand more immediate attention, and technology itself will continue to evolve. The goal of MITA is to establish a baseline from which to plan, and revise the plan, to move forward.

2.3 Business Assessment Process

A MITA State Self-Assessment hinges on determining the executive vision for the future, establishing the interested stakeholders, capturing the current maturity level of business processes within the enterprise, and envisioning the capabilities of an MMIS as it is enhanced over time. While MITA establishes a framework, that framework only serves to initiate the discussion.

FOX worked with the Alabama Medicaid Team to establish the processes and procedures to support the MITA SS-A. The process and procedures included the support of key stakeholders, management and subject matter experts (SME) throughout the State's Medicaid business and technology enterprise(s).

FOX met initially with administrative leaders of the Agency to introduce the MITA concepts and plan the methodology for implementing this process. Two meetings were held and after an initial presentation, SMEs in particular business areas were identified for each of the79 business processes in the eight MITA business areas.

These SMEs were invited to participate in their corresponding Business Process Assessment session(s) to provide input to a standardized template. The template was pre-populated with information gathered from the ITB and other documentation. Through a facilitated group interview process, the SMEs were questioned about their current business processes, and encouraged to elaborate on their constraints and wishes for improved business functioning. This information was added to the templates and the templates were submitted to the staff for feedback.

Based on the information gathered in the Business Process sessions, Maturity levels were assessed for both 'As Is' and 'To Be'. The time frame requested by Alabama Medicaid in the ITB was up to three years. In acknowledgement of the MITA SS-A as a part of the larger MITA Assessment and BPR Project, the FOX team identified three points in the future for which a To Be Objective needed to be identified. These three points in time are as follows:

- MMIS Short Term – References To Be objectives appropriate to the MMIS Re-procurement project which is currently in the planning stage.
- BPR Near Term – References To Be objectives appropriate to the BPR portion of this project.
- MITA Long Term – Looks 10 years out to the long-range goals and objectives of the Alabama Medicaid Agency.

This information can be found in a table under each of the Business Areas in Section 3.3, along with a discussion of the As Is and To Be Objectives for the Business Area as a whole. Appendix A contains tables for each Business Area with statements summarizing the reasoning behind the As Is assessment and statements for each To Be point in time that address the gaps between the As Is assessment and the To be goal. The completed templates will be available to the State on the State SharePoint portal.

Prior to the completion of this report, the assessment results were aggregated into a table that documented the As Is and MMIS Short Term To Be maturity assessments. This data is required for inclusion on Attachment C for the Advanced Planning Document (APD). The table was delivered on December 1, along with a document that crosswalks the MMIS Certification Checklist items to the MITA Business Processes. The Gaps, To Be capabilities, and any other gathered information will be used to establish a transition plan for future Alabama Medicaid capabilities.

2.4 Technical Assessment Process

In order to capture relevant As Is information, an online survey was created for each technical function based on the MITA Framework 2.01 Part III – Technical Architecture. The survey was sent out to Subject Matter Experts (SMEs) in the following technical areas of the Alabama Medicaid Agency: State technical staff, MMIS Fiscal Agent, and Decision Support System/Data Warehouse (DSS/DW) staff. The respondents completed the survey with pertinent information about their respective areas.

All survey responses received were combined into one master document and sent back to the SMEs for review before the validation sessions. During the validation sessions with the SMEs, the master document was updated again with additional information gathered during the discussions. Once the final review was completed, the results were analyzed by FOX and a synopsis of the As Is information was written for each technical area and function. In addition to the synopsis, a maturity level was assigned to each technical function based on the Technical Capability Matrix guidelines outlined in MITA Framework 2.01 (where applicable)

3 MITA SS-A BUSINESS ASSESSMENT RESULTS

This section presents the results of the MITA SS-A Business Assessment. Section 3.1 displays the output from the first exercise in which the FOX team and Agency Subject Matter Experts engaged, aligning the MITA Business Architecture with the Alabama Medicaid Enterprise. Section 3.2 is divided into the eight MITA Business Areas and describes for each Area, in more detail than presented in the Executive Summary, the assessed As Is MITA Maturity and the To Be Maturity goals identified by the Business Process session participants.

In acknowledgement of the MITA SS-As place as one part of the larger MITA Assessment and BPR Project, the FOX team identified three points in the future for which a To Be Objective needed to be identified. These three points in time are as follows:

- MMIS Short Term – References To Be objectives appropriate to the MMIS Re-procurement project which is currently in the planning stage
- BPR Near Term – References To Be objectives appropriate to the BPR portion of this project
- MITA Long Term – Looks 10 years out to the long-range goals and objectives of the Alabama Medicaid Agency

Appendix A offers further detail on the MITA Maturity assessment for each Business Process and addresses the gaps between the As Is Maturity for the process and the stated To Be goals for each of the above mentioned points in time.

3.1 MITA to Alabama Business Process Crosswalk

One of the first steps in a MITA SS-A is to map the MITA Business Architecture to the State Medicaid Enterprise. The following table presents the results of the mapping exercise. MITA business processes are in the left hand column mapped to the Alabama business process in the right hand column. The business process number is a unique identifier FOX uses to simplify tracking the data that is collected about the business process.

Table 7 MITA to Alabama Business Process Crosswalk

MITA Business Area/ MITA Business Process	Business Process Number	Alabama Business Process
Member Management		
Determine Eligibility	ME01	Determine Eligibility
Enroll Member	ME02	Enroll Member
Disenroll Member	ME03	Disenroll Member
Inquire Member Eligibility	ME04	Inquire Member Eligibility
Manage Applicant and Member Communication	ME05	Manage Applicant and Member Communication
Manage Member Grievance and Appeal	ME06	Manage Member Grievance and Appeal

MITA Business Area/ MITA Business Process	Business Process Number	Alabama Business Process
Manage Member Information	ME07	Manage Member Information
Perform Population & Member Outreach	ME08	Perform Population & Member Outreach
Provider Management		
Enroll Provider	PM01	Enroll Provider
Disenroll Provider	PM02	Disenroll Provider
Inquire Provider Information	PM03	Inquire Provider Information
Manage Provider Communication	PM04	Manage Provider Communication
Manage Provider Grievance and Appeal	PM05	Manage Provider Grievance and Appeal
Manage Provider Information	PM06	Manage Provider Information
Perform Provider Outreach	PM07	Perform Provider Outreach
Contractor Management		
Produce Administrative or Health Services RFP	CO01	Produce Administrative or Health Services RFP
Award Administrative or Health Services Contract	CO02	Award Administrative or Health Services Contract
Manage Administrative or Health Services Contract	CO03	Manage Administrative or Health Services Contract
Close-Out Administrative or Health Services Contract	CO04	Close-Out Administrative or Health Services Contract
Manage Contractor Information	CO05	Manage Contractor Information
Manage Contractor Communication	CO06	Manage Contractor Communication
Perform Contractor Outreach	CO07	Perform Contractor Outreach
Support Contractor Grievance and Appeal	CO08	Support Contractor Grievance and Appeal
Inquire Contractor Information	CO09	Inquire Contractor Information
Operations Management		
Authorize Referral	*OM01*	*Alabama does not currently perform this process*
Authorize Service	OM02	Authorize Service
Authorize Treatment Plan	*OM03*	*Alabama does not currently perform this process*
Apply Attachment	OM04	Apply Attachment
Apply Mass Adjustment	OM05	Apply Mass Adjustment
Edit Claim/Encounter	OM06	Adjudicate and Price/Value Claim/Encounter
Audit Claim/Encounter	OM07	Adjudicate and Price/Value Claim/Encounter

MITA Business Area/ MITA Business Process	Business Process Number	Alabama Business Process
Price Claim/Value Encounter	OM08	Adjudicate and Price/Value Claim/Encounter
Prepare Remittance Advice/Encounter Report	OM09	Prepare Remittance Advice/Encounter Report
Prepare Provider EFT/check	OM10	Prepare Provider EFT/check
Prepare COB	*OM11*	*Alabama does not currently perform this process*
Prepare EOB	OM12	Prepare REOMB
Prepare Home and Community Based Services Payment	OM13	Prepare Home and Community Based Services Payment
Prepare Premium EFT/check	OM14	Prepare Premium EFT/check
Prepare Capitation Premium Payment	OM15	Prepare Capitation Premium Payment
Prepare Health Insurance Premium Payment	OM16	Prepare Health Insurance Premium Payment
Prepare Medicare Premium Payment	OM17	Prepare Medicare Premium Payment
Inquire Payment Status	OM18	Inquire Payment Status
Manage Payment Information	OM19	Manage Payment Information
Calculate Spend-Down Amount	*OM20*	*Alabama does not have a spend-down program*
Prepare Member Premium Invoice	*OM21*	*Alabama does not currently perform this process*
Manage Drug Rebate	OM22	Manage Drug Rebate
Manage Estate Recovery	OM23	Manage Estate Recovery
Manage Recoupment	OM24	Manage Recoupment
Manage Cost Settlement	OM25	Manage Cost Settlement
Manage TPL Recovery	OM26	Manage TPL Recovery
Program Management		
Designate Approved Services and Drug Formulary	PG01	Designate Approved Services and Drug Formulary
Develop and Maintain Benefit Package	PG02	Develop and Maintain Benefit Package
Manage Rate Setting	PG03	Manage Rate Setting
Develop Agency Goals and Objectives	PG04	Develop Agency Goals and Initiatives
Develop and Maintain Program Policy	PG05	Develop and Maintain Program Policy
Maintain State Plan	PG06	Maintain State Plan
Formulate Budget	PG07	Formulate Budget

MITA Business Area/ MITA Business Process	Business Process Number	Alabama Business Process
Manage FFP for MMIS	PG08	Manage FFP for MMIS
Manage F-Map	PG09	Manage F-Map
Manage State Funds	PG10	Manage State Funds
Manage 1099s	PG11	Manage 1099s
Generate Financial and Program Analysis Report	PG12	Generate Financial and Program Analysis Report
Maintain Benefits/Reference Information	PG13	Maintain Benefits/Reference Information
Manage Program Information	PG14	Manage Program Information
Perform Accounting Functions	PG15	Perform Accounting Functions
Develop and Manage Performance Measures and Reporting	PG16	Develop and Manage Performance Measures and Reporting
Monitor Performance and Business Activity	PG17	Monitor Performance and Business Activity
Draw and Report FFP	PG18	Draw and Report FFP
Manage FFP for Services	PG19	Manage FFP for Services
Business Relationship Management		
Establish Business Relationship	BR01	Establish Business Relationship
Manage Business Relationship	BR02	Manage Business Relationship
Terminate Business Relationship	BR03	Terminate Business Relationship
Manage Business Relationship Communications	BR04	Manage Business Relationship Communications
Program Integrity Management		
Identify Candidate Case	PI01	Identify Candidate Case
Manage Case	PI02	Manage Case
Care Management		
Establish Case	CM01	Establish Case
Manage Case	CM02	Manage Case
Manage Medicaid Population Health	CM03	Manage Medicaid Population Health
Manage Registry	*CM04*	*Alabama does not currently perform this process*

3.2 Capabilities of the Alabama MITA Business Areas

3.2.1 Member Management

The Member Management (MITA Terminology) business area is a collection of eight business processes involved in communications between the Medicaid Agency and the prospective or enrolled beneficiary and actions that the Agency takes on behalf of the beneficiary. These processes share a common set of beneficiary-related data. The goal for this business area is to improve healthcare outcomes and raise the level of consumer satisfaction. The figure below depicts the relationship of the various business processes to the Member Management business area.

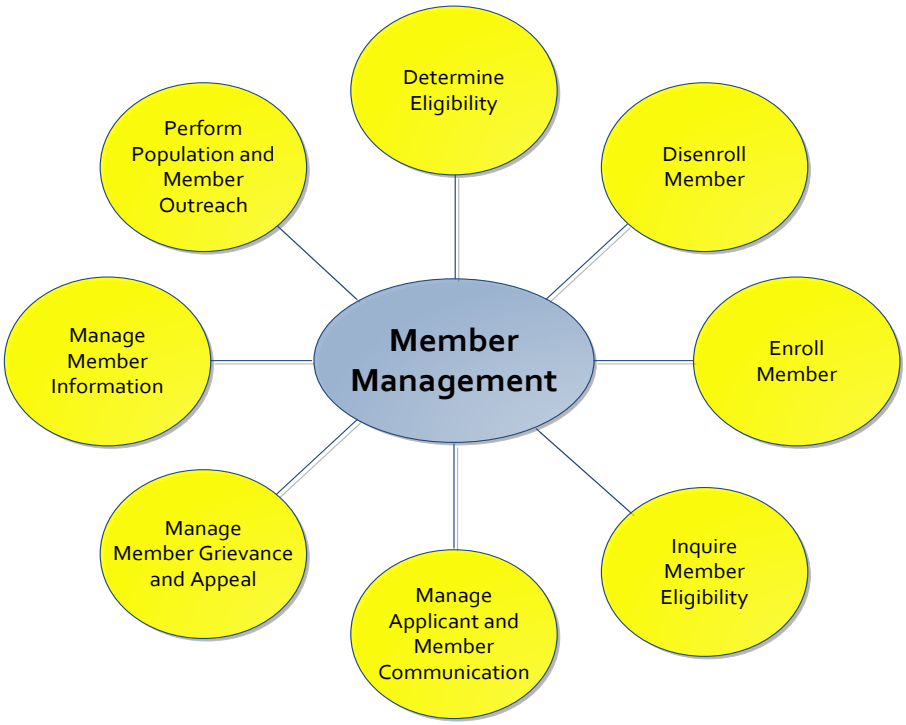


Figure 4 Member Management

As Is

The functioning of the various processes within the Member Management Business Area is challenged by a number of factors among which are:

- A legacy system that is not flexible in responding to new business needs
- Continued reliance on manual mechanisms to carry out process steps
- Staffing limitations outside the control of the Agency
- Information fragmented across multiple files (e.g., BENDIX, TANIF, etc) and systems (e.g., AMAES, AMMIS, ALLKids, TFQ, TPL contractor (HMS) system)

- A lack of Enterprise standards in regards to forms used, member information, and information availability

The processes within Member Management employ a mix of manual and automated mechanisms to carry out business area activities. Although some business area process steps have been automated (e.g., validation of eligibility data entered into the Alabama Medicaid Application and Eligibility System (AMAES), enrollment business rules for Patient 1st), most processes rely heavily on manual processes (e.g., receipt of the majority of eligibility applications, many eligibility determination steps, determination of eligibility for waiver programs, many disenrollments, maintenance of member case information (much of this is paper based), maintenance of outreach materials).

Central to the effective operation of any business area is the information that supports its processes. One of the largest challenges to the Alabama Medicaid Member Management Business Area is the variation in the storage location, organization, availability, and format of member data within the Enterprise. This lack of consistency impacts or is revealed by;

- Access to and completeness of information (users responding to member eligibility inquiries do not have access to information that equally supports all programs, external stakeholders are not always confident that all request pathways return consistent information)
- The time and effort involved to complete processes
- Communication between systems and units
- Duplication of capabilities in multiple systems (AMAES and AMMIS both receive and respond to ANSI ASC X12N 270 eligibility request transactions)
- Deficiencies in data necessary to the support of the business area that exist in both AMAES and AMMIS and that impact successful completion of processes (e.g., neither AMAES and AMMIS supports the maintenance of the member's address of residence can prevent completion of the enrollment process)

One aspect of Member Management processes that is working well is the coordination with the Department of Public Health. The use of the DPH website and a shared application for the ALLKids program is one of the few examples of automated receipt of eligibility application information. The Agency's grievance and appeals process for Members is also working well. There is a low frequency of appeals and the manual nature of the process is not causing too many difficulties to stakeholders.

Communication and outreach to members is an area where, in some aspects, the Agency is "ahead of the curve" in awareness, if not capabilities (linguistic, cultural, competency appropriateness of communications and outreach), and in others has opportunities for improvement:

- It can take a member multiple transfers to get to the appropriate person to obtain the needed information
- Communication mechanisms do not work consistently, production of materials and delivery of information

- Communication requires manual intervention much of the time
- Tracking of communications and outreach is minimal (DPH has the ability to log phone calls, this capability may be something of which the Medicaid Agency can take advantage)
- There are currently no mechanisms to support targeting specific member populations for outreach. Capabilities in this area are closely related to those of the Manage Medicaid Population in the Care Management Business Area

All of the business processes within this business area were assessed at Maturity Level 1. This is primarily due to the manual nature of Member Management activities within the Agency, the fragmented nature of information and lack of Enterprise-wide standards for member data, and duplication of functionality within the Enterprise.

To Be Objectives

The Member Management Business Area will be affected more than any other by the BPR initiatives of the overall project. The ITB, in defining the scope of the BPR project identifies the Beneficiary Services area as the major focus. Much thought has been put into future needs of the Beneficiary Services area by the Agency. Included in the ITB is an extensive list of To Be items documented in the Beneficiary Services and Third Party Wish List. Many of these wishes are expressed at a level of detail that is not applicable to an SS-A. We have reviewed them and noted some reoccurring themes. These themes have been taken into account in performing the maturity assessment. In the interest of the tight SS-A time-frame, detailed items have not been included here. As we moved through the overall assessment, the Wish List items will continue to be considered and will be addressed in the applicable individual processes and at the appropriate level of detail in the final SS-A report. The Wish List will also be placed on the State Portal in the section containing BP Session Templates available for use in all stages of the overall project.

In the short term, the maturity level of the Member Management will remain at Level 1. Improvements in the implementation of the ANSI ASC 270/271 eligibility transactions are anticipated with implementation of 5010. It is also expected that there will be improvements in the increased use of electronic communications. There is an opportunity to address, in the ITB for the AMMIS, the future intention to standardized member information as part of the BPR project.

The near term Maturity Level goal for all processes in Member Management is Level 2 through the implementation of all Level 2 capabilities and as many Level 3 capabilities as possible at the time of implementation. In general, the following required improvements in the way the current business area processes work are necessary to achieve Level 2 maturity for the entire business area:

Required improvements fall into three major categories:

- Automation
    - The ability to store all member information electronically, and make it more accessible to authorized users and other business areas

- Implementation of electronic case management functionality to support multiple areas of Member Management
- Automated daily update of member information with date stamp and audit trail capabilities, manual updates are the exception
- Increased automation of requested and scheduled data extraction (direct access to query parameters by authorized users)
- Improved controls to eliminate duplicate records,
- Automation of as many process steps as possible to include:
  - Determination of eligibility (income and medical), enrollment, disenrollment, business rules including those reliant on data in Sister Agency systems (e.g., DPH ALLKids system)
  - Validation activities to the extent possible through data matching with external entities and on-line access to data sources (taking account that data exchange partners may not support a matching activity)

- Standardization and/or Centralization
  - Merging of the different eligibility pathways into a single standard process through interagency agreements and automation (preserving manual options for those members who are not adaptable to electronic mechanisms)
  - Integration of eligibility and enrollment steps into a single integrated eligibility determination/enrollment process, wherever possible
  - Standardizing member forms (eligibility, enrollment, appeal, etc.) for use across all programs
  - Standardizing member information across the Enterprise (recipient data in both State and vendor systems adheres to the same standards, standards to be developed as part of the BPR project).
  - Implementation of a single unified user interface for member management activities (transparency to the user regarding what system or file supports the activity)
  - Centralized repositories for information requiring input from multiple program areas
  - Creation of recipient service centers
- New Capabilities
  - The ability to support day based eligibility/enrollment periods
  - Automated workflow management capabilities

- Document management capabilities (scanning and automated routing of documents, version control)
- Standardization of member information to include the capture of data not currently supported
- Increased functionality available via the member web-portal (submission of applications and other forms, distribution of communications and outreach materials)

The long-term Maturity Level goal for Member Management is Level 3. This will involve implementing the process as a service utilizing MITA standards and interfaces (as they become available) within the Agency and for data exchanges with external entities. Enabling automated verification and the immediate availability of updates to data sharing partners and the consolidation or federation of the many systems that currently make up the member information data store will be required.

Table 8 Member Management MITA Maturity Matrix

State Business Process	As Is Maturity Level	To Be Maturity Level		
		MMIS Short Term	BPR Near Term	MITA Long Term
ME01 Determine Eligibility	1	1	2	3
ME01 Enroll Member	1	1	2	3
ME03 Disenroll Member	1	1	2	3
ME04 Inquire Member Eligibility	1	1	2	3
ME05 Manage Application and Member Communication	1	1	2	3
ME06 Manage Member Grievance and Appeal	1	1	2	3
ME07 Manage Member Information	1	1	2	3
ME08 Manage Population and Member Outreach	1	1	2	3

3.2.2 Provider Management

The Provider Management business area is a collection of seven business processes that focus on recruiting potential providers to support the needs of the member population, enrolling and disenrolling providers, maintaining information on the provider, and communicating with the provider community as depicted in Figure 3 below:

Figure 5 Provider Management

As Is

The As Is maturity level for the Provider Management Business Area is Level 1. This is primarily due to the manual nature of processes within the business area. While the web site and AVRS provide information about providers, these are not the primary communication and outreach channels. Enrollment, disenrollment, and grievance activities are dependent on manual validation and verification of provider form data, manual implementation of business rules, use of paper as a means of submitting provider information, and phone based communication. Functionality does not currently support the scanning of provider forms and supporting documents into a document management facility. The production of outreach materials is also heavily manual.

Despite the fact that provider data is standardized across the Agency, other aspects of Provider Management activities are not. Provider applications vary by provider type. There is not standard form in use for provider disenrollment, although there is a standard set of data that is required for disenrollment. There are no Enterprise-wide standards for producing provider communication, though the Communications unit does review outreach materials. Fiscal Agent

or state staff tasked with responding to requests for provider information or provider communications do not have a well organized presentation of provider information. They must access many screens or views of the data to access the information they need to carry out this activity.

To Be Objectives

As was true for the As Is assessment, short term objectives of the business processes in Provider Management were the same for all of the processes. The MMIS Re-procurement project does not appear to offer opportunity to improve the Maturity Level of the business area in the short term. Short term improvements will include enhancements to the Provider Enrollment/Re-enrollment capabilities, implementation of a web-based and streamlined provider application, the ability for providers to update their information via the web, and implementation of approved United States Postal Service (USPS) software. Although these improvements will move the business area towards Level 2, the Maturity Level will be Level 1 because many process steps will remain manual.

There are potential opportunities under the BRP initiative of the project that make a near term maturity goal of Level 2 for most of the processes within the business area reasonable. While the scope of the BPR project does not directly address Manage Provider capabilities, the implementation of workflow management, document management functions (to include the capability to scan documents and associate them with individual records), and case management capabilities has potential overlap with improvements identified under the BPR project. If implemented, along with standardization of forms supporting Provider Management activities (e.g., single application form for all providers) these improvements would bring the process into alignment with Level 2 capabilities.

Based on the current capabilities in the MITA Framework the following processes do not lend themselves to moving beyond Level 2 in the near term:

- PM04 Manage Provider Communication
- PM06 Manage Provider Information
- PM08 Perform Provider Outreach

However, as noted above, the implementation of workflow management and document management functions has potential overlap with improvements identified under the BPR project. If implemented, these improvements will move these processes towards meeting Level 2 capabilities.

The Long Term maturity goal for Provider Management is Level 3 maturity through the automation of all business process steps (where feasible), implementation of the process as a service and MITA standards (as they are developed). To meet Level 3 capabilities, the Agency will also need to fully meet Level 2 capabilities in regards to Provider Communication and Outreach:

- Automation of routine communications
- Improvement of linguistic, cultural, and competency capabilities both in regards to communicating with providers and in regards to the data about providers collected to respond to member needs in this area
- Improved access to provider information and/or results of Program Integrity and Manage Medicaid Population Health processes.

Table 9 Provider Management MITA Maturity Matrix

STATE BUSINESS PROCESS	AS IS MATURITY LEVEL	TO BE MATURITY LEVEL		
		MMIS SHORT TERM	BPR NEAR TERM	MITA LONG TERM
PM01 Enroll Provider	1	1	2	3
PM02 Disenroll Provider	1	1	2	3
PM03 Inquire Provider Information	1	1	2	3
PM04 Manage Provider Communication	1	1	1	3
PM05 Manage Provider Grievance and Appeal	1	1	2	3
PM06 Manage Provider Information	1	1	1	3
PM07 Perform Provider Outreach	1	1	1	3

3.2.3 Contractor Management

The Contractor Management business area accommodates States that have managed care contracts or a variety of outsourced contracts. Some states may, for example, group Provider and Contractor in one business area. The Contractor Management business area has a common focus (e.g., manage outsourced contracts), owns and uses a specific set of data (e.g., information about the contractor or the contract), and uses business processes that have a common purpose (e.g., solicitation, procurement, award, monitoring, management, and closeout of a variety of contract types).

Creating a separate business area for Contractor Management allows the MITA process to highlight this part of the Medicaid Enterprise, which is becoming increasingly important to State Medicaid agencies. Indeed, it is the primary focus in some States that have comprehensive managed care or multiple-contractor operations. In the Contractor Management business area, the many types of healthcare service delivery contracts (e.g., managed care, at-risk mental health or dental care, primary care physician) and the many types of administrative services (e.g., fiscal agent, enrollment broker, Surveillance and Utilization Review [SUR] staff, and third-party recovery) are treated as single business processes because the business process activities are the same, even though the input and output data and the business rules may differ. The figure below illustrates the relationship of the various Contractor Management business processes.

Figure 6 Contractor Management

As Is

In common with many other states, responsibility for Contractor Management within the Alabama Medicaid Enterprise is not centralized. Rather, it is distributed among the units that originate the need for a contract, although procurement is beginning to be centrally coordinated through the Office of the General Counsel (OGC). OGC also acts as a consultant to all areas in support of grievance and appeal management, minimizing inconsistencies. There is the potential for any part of the Agency to have responsibility for Contractor Management activities. This can result in a lack of coordination regarding the timing of procurements, contract close-out activities, decisions made that have impact within the Agency beyond the unit responsible for the contract, and the sharing of lessons learned from previous contracts.

This includes the storage of contractor information. While the contracts themselves and boiler plate language are maintained on the Q drive by OGC, much of the Agency's contract related information is stored manually by the individual units responsible for managing the contract. Contractor data also resides in the Medicaid Agency's Office of General Counsel, Purchasing, and Finance units, the APS system, and the State Purchasing and State Comptroller's Office systems. The majority of the information is *not* stored electronically and updates, including those to electronically maintained information must be applied manually. The one process that is supported by a shared workspace (Produce Administrative and Health Services RFP) lacks the ability to implement version control.

In common with maintenance of contractor information, many Contractor Management activities are manual (e.g., Lack of tools to structure and capture the RFP requirements, lack of automated tracking mechanisms to support information maintenance and communication activities, most communication activities are manual and paper based, some of this is due to signature requirements). One business process that is less constrained by manual activities is Contractor Outreach: E-mail distribution lists and web-site target specific contractors, use of the Agency and State Office of Procurement web sites, leverage of provider outreach mechanisms to serve contractors (e.g., provider list-serve, messages accompanying checks, provider newsletter, and town hall meetings).

Lack of Agency wide standards in a number of areas also impacts Contractor Management processes. While the OGC provides contract templates and boilerplate language that provides consistent guidance in regards to contract format and content. Much content is variable per the specifics of the individual contract. There is also a lack of Agency-wide communication standards (with the exception of the Fiscal Agent contract) and a lack of data standards across the Medicaid Enterprise Data which can complicate contractor monitoring activities

Participating staff felt that, in general, capable individuals keep this business area working. However, the processes would be more secure if there were more systematic supports. There is an Agency staffing cap in effect. The resulting limitation on number of staff in combination with the manual nature of many of the process steps limit the efficiency of Contractor Management processes and put the Agency at risk in relation to sustaining the current level of effectiveness for this business area.

All of the business processes within this business area were assessed at Maturity Level 1. This is primarily due to the manual nature and wide distribution of contractor management activities

within the Agency. At the same time, it must be acknowledged that some processes are constrained by the capabilities of other State entities (e.g., State Procurement Office, Legislative Contract Review Committee).

To Be Objectives

Participating staff noted that there are many opportunities to improve Contractor Management business processes. These improvements include:

- Continue the movement toward automation (i.e., posting contracts online) as the internal capabilities and those of other State agencies allow
- Implementation of a central repository for contractor information, to include version control, by leveraging existing State system capabilities (e.g., SharePoint)
- Improve adherence to current policies to improve consistency (e.g., follow the decision-making requirements set out in policy)
- Better coordination of contract releases and lessons learned among the various parts of the Agency engaging in procurement
- Implementation of a workflow management tool (to include ticklers and other alerts)
- Procurement/Contract Management system (to include contract monitoring capabilities, ability to track the termination or time frame for renewal of contracts and communications)
- Implementation of tools that supports structured capture of RFP requirements
- Document management capabilities to reduce the reliance on paper and make information more easily accessible to authorized users
- Contract monitoring software
- Address staffing issues in relation to Contract Management needs:
  - Explore when assignment of a full-time procurement team would be more effective than the current practice of assigning procurement activities in which an individual must engage, in addition to their regular workload
  - In areas where there is enough volume of activity to justify it, assign individuals to focus on contract monitoring and/or internal process monitoring
- Access information from other states regarding Contract Management to use as examples (“we don’t know what we’re missing”)
- Enhance the DSS to include collection of data to better support contract monitoring
- Develop a mechanism for capturing lessons learned from experience on existing contracts and expanding that knowledge to other contracts
- Implement case management capabilities for Grievance and Appeal cases.

- Increase the visibility within the Agency of communications to contractors that affect other units and entities
- Create one central point of contact for all requests for contractor information to be disseminated from this point to the appropriate individual/unit for a response
- Leverage existing opportunities

- Take advantage of good practices in other parts of the Agency; expand those to Agency-wide practices
- Greater coordination and joint contracting for services that can be used across the Enterprise (e.g., NET, unemployment compensation)
- Investigate taking advantage of the Federal schedule
- Increased use of State-wide contract list
- Investigate COTS products that may already be used in other State agencies

As was true for the As Is assessment, short term objectives of the business processes in Contractor Management were the same for all of the processes. The MMIS Re-procurement project does not appear to offer opportunity to improve the Maturity Level of the business area in the short term. Although version control capability is expected to be introduced through increased use of the Share Point web portal, thus improving the Produce Administrative and Health Services RFP process within the Level 1 designation.

There are potential opportunities under the BRP project that make a near term maturity goal of Level 2 for most of the processes with the business area reasonable. While the scope of the BPR project does not directly address Manage Contractor capabilities, the implementation of a central repository for contract information by leveraging existing State system capabilities and the implementation of workflow management, document management, and case management capabilities has potential overlap with improvements identified under the BPR project. If implemented, along with increased standardization of contract format and content and process steps, centralization (or federation) of electronic contract information storage, and increased automation of activities these improvements would bring the process into alignment with Level 2 capabilities. It is expected that the State Procurement office will continue to improve electronic capabilities, eventually accepting proposals via the portal.

Based on the capabilities currently in the MITA Framework, the following processes did not lend themselves to moving beyond level 2 in the near term:

- CO02 Award Administrative and Health Services Contract
- CO03 Manage Administrative and Health Services Contract
- CO06 Manage Contractor Communication

However, the implementation of a central repository for proposal data by leveraging existing State system capabilities and the implementation of a workflow management system has potential overlap with improvements identified under the BPR project. If implemented, these improvements along with increased use of electronic mechanisms for communication and

automation of verifications (e.g., EIN, status of tax payment) will move these processes towards meeting Level 2 capabilities.

The long term maturity goal for Contractor Management is to move towards Level 3 with the exception of CO06 Mange Contractor Communication. This process has a To Be goal of Level 2. The Agency feels that complete automation of communication with contractors would not be beneficial. In all other respects, the process will implement Level 3 capabilities. Level 3 capabilities include standardization of enterprise information; centralized (or federated) electronic storage and access of contractor information; centralized process activities to the extent feasible; and full coordination among programs and agencies in relation to contract management. Additionally, at Level 3, the expectation is that all of these capabilities will be implemented as services utilizing MITA standards as they are developed.

Table 10 Contractor Management MITA Maturity Matrix

State Business Process	As Is Maturity Level	To Be Maturity Level		
		MMIS short term	BPR near term	MITA long term
CO01 Produce Administrative or Health Services RFP	1	1	2	3
CO02 Award Administrative or Health Services Contract	1	1	1	3
CO03 Manage Administrative or Health Services Contract	1	1	1	3
CO04 Close-out Administrative or Health Services Contract	1	1	2	3
CO05 Manage Contractor Information	1	1	2	3
CO06 Manage Contractor Communication	1	1	1	2
CO07 Perform Contractor Outreach	1	1	2	3
CO08 Support Contractor Grievance and Appeal	1	1	2	3

STATE BUSINESS PROCESS	AS IS MATURITY LEVEL	TO BE MATURITY LEVEL		
		MMIS SHORT TERM	BPR NEAR TERM	MITA LONG TERM
CO09 Inquire Contractor Information	1	1	2	3

3.2.4 Operations Management

The Operations Management business area is a collection of 26 MITA defined business processes that support the adjudication of claims, payments to providers, other agencies, insurers, and Medicare premiums, as well as supporting the receipt of payments from other insurers, providers, and member premiums. The MITA Operations Management business area is illustrated by the diagram below:

Figure 7 Operations Management

As Is

The Operations Management business area is the focal point of many Medicaid agencies. Due to the far-reaching impact of these business processes, many have seen the benefit of increased automation. This is true for Alabama Medicaid as the Operations Management area is reaping the benefits of a relatively new installation of the interChange system that automates much of claims processing in an environment that offers considerable flexibility in changing business rules. Adjudication is real-time and the process steps spread across the MITA processes of Edit Claim/Encounter, Audit Claim/Encounter and Price Claim/Value Encounter, are part of a single Alabama process: Adjudicate and Price Claim/Value Encounter.

All claim types processed by the Agency are processed through the same system including Pharmacy claims and Home and Community Based Service claims. The only payments that

"look like" claims and are not processed through interChange are the non-emergency transportation payments (NET) that are being paid to members, though some payments do go to "transporters". One unique feature of Alabama Medicaid is that it does not process encounters *received* from trading partners providing services to Medicaid members under contract with the Agency. The Agency *produces* encounters that are sent to contractors. While the interChange system has brought these and other claim related processes near to Level 2 in capability, there are a few remaining items that prevent many of the processes from being assessed at higher than Level 1. Some of these items are addressed in the following paragraph. For details on each process, see Appendix A.

Analysis of the Operations Management business processes revealed several deficiencies that are prevalent throughout the Operations Management business area. These deficiencies impede Alabama's ability to fully automate and make the incremental improvements as envisioned by MITA. These deficiencies include:

- Excessive paper processes (processing of service authorization requests and attachments)
- Insufficient workflow management
- Insufficient access to data (e.g., Estate Recovery)
- Use of multiple and disparate systems (e.g., payment information fragmented across multiple systems: AMMIS, APS, the State accounting system, the "cash book" spreadsheet in Finance)
- Insufficient document management
- Incomplete implementation of HIPAA transactions (e.g., ANSI ASC X12N 278 Health Care Services Review Request and Response).
- Duplication of activities in multiple parts of the enterprise (e.g., processing of attachments, sister agencies that function as part of the enterprise paying providers)

The Prepare Provider EFT/Check and Prepare Premium EFT/Check are supported by three different systems: AMMIS, APS, and the State accounting system. Financial data is not standardized across the three systems and manual process steps are necessary to complete the process. Staff turnover and shortages in the Finance unit add an additional challenge to these processes. A new accounting system for the State is under development. When this will be completed is unknown but the Agency Staff participating is the sessions is under the impression that the Agency will need to switch from the in house system that currently supports financial processes (APS) to the new State system.

There are four processes that are defined as part of Operations Management that are not currently part of the business area in Alabama but that the Agency wanted to explore as possible for future implementation: Authorize Referral, Authorize Treatment Plan, Perform COB, and Prepare Member Premium Invoice. No As Is Maturity Level was assessed for these processes. However, FOX did discuss the processes with SMEs and To Be capabilities for these processes are discussed later in this section. The Enterprise does utilize referrals (Patient 1st and Lock-in) and treatment plans (waiver programs at DPH) but not in the manner

defined by the MITA processes. Payer to payer COB (the function described in Prepare COB) is not currently engaged in by the Agency. However, the HIPAA ANSI ASC X12N 837 Health Care Claim transaction is sent to Blue Cross for TPL purposes. This puts the Agency in a good position for implementing payer to payer COB, at least with Blue Cross.

Alabama Medicaid seems to have a relatively amicable relationship with their Fiscal Agent. MITA is focused on the fact that business processes must drive the technology, so it is important for Alabama Medicaid to define its business needs and prioritize them over the next few years. Validation sessions continuously reiterated the need for imaging technology for beneficiary and provider applications, attachments, paper claims, etc. It would also seem that centrally located information, such as TPL, credit balances, all types of claims, etc. would enable easier cost avoidance functions and financial recoupments.

To Be Objectives

The implementation of X12 5010, the latest NCPDP version, and ICD-10 as part of the MMIS Re-procurement project will have a sizeable impact on this Business Area and is anticipated to improve the maturity of a number of the processes to Level 2 in the short term (e.g., Authorize Service) and move others closer to Level 3 (e.g., Prepare Remittance Advice/Encounter Report).

There are potential opportunities under the BRP project that make a near term maturity goal of Level 2 for Apply Attachment, and Prepare HIPP Payment processes reasonable. While the scope of the BPR project does not directly address HIPP Payment capabilities, attachments are an important part of the Determine Eligibility process. The BPR project includes the implementation of workflow management and document management (to include the scanning and of documents and the ability to associate (automatically or manually) the document with a transaction or record). The addition of this functionality would bring both of these processes into alignment with Level 2 capabilities.

The long term maturity goal for all of the processes in the Alabama Medicaid Enterprise's Operations Management Business Area is Level 3 and/or Level 4. Level 3 requires further automation of all (or most) process steps, the adoption of MITA standards as they are developed, and implementing the process as a service. Level 4 targets widespread and secure access to clinical data via Health Information Exchange (HIE). While MITA's developers envisioned a State achieving level 3 before Level 4, CMS will support improvements that enable electronic exchange of clinical data, even when not implemented in a manner that meets all level 3 capabilities. Keep in mind, though, the manner in which Level 4 is implemented should be done in a way that supports a smooth transition to Level 3 capabilities. The full implementation of HIE will provide access to clinical information making some attachments unnecessary, allowing greater automation, and greatly improve the accuracy and efficiency of many processes (e.g., Authorize Service, Apply Attachment, Adjudicate and Pay Claim/Value Encounter).

There are a number of processes that are not anticipated to improve beyond level 1 in the near term (e.g., Apply Mass Adjustment, Prepare Provider EFT/Check, Manage Estate Recovery, etc.). For these processes and the processes that are not currently implemented in the Alabama Medicaid Enterprise (Authorize Referral, Authorize Treatment Plan, Prepare COB,

Prepare Member Premium Invoice), should the Agency decide the latter will become part of the Operations Management Business Area, Level 2 capabilities must be implemented or superseded by Level 3 and/or Level 4 capabilities (e.g., automation of most process steps including routine authorization decisions, the ability to easily update business process rules, submission of transactions utilizing web portals that support real-time edits)

Table 11 Operations Management MITA Maturity Matrix

State Business Process	As Is Maturity Level	To Be Maturity Level		
		MMIS short term	BPR near term	MITA long term
OM01 Authorize Referral	N/A	N/A	N/A	3
OM02 Authorize Service	1	2	2	3
OM03 Authorize Treatment Plan	N/A	N/A	N/A	3
OM04 Apply Attachment	1	1	2	3
OM05 Apply Mass Adjustment	1	1	1	3
OM06 Adjudicate and Price/Value Claim/Encounter	1	1	1	3
OM07 Adjudicate and Price/Value Claim/Encounter	1	1	1	3
OM08 Adjudicate and Price/Value Claim/Encounter	1	1	1	3
OM09 Prepare Remittance Advice/Encounter Report	2	2	2	3
OM10 Prepare Provider EFT/Check	1	1	1	3
OM11 Prepare COB	N/A	N/A	2	3
OM12 Prepare REOMB	1	1	1	3
OM13 Prepare Home and Community Based Services Payment	2	2	2	3
OM14 Prepare Premium EFT/Check	1	1	1	3

STATE BUSINESS PROCESS	AS IS MATURITY LEVEL	TO BE MATURITY LEVEL		
		MMIS SHORT TERM	BPR NEAR TERM	MITA LONG TERM
OM15 Prepare Capitation Premium Payment	1	2	2	3
OM16 Prepare Health Insurance Premium Payment	1	1	2	3
OM17 Prepare Medicare Premium Payments	1	1	1	3
OM18 Inquire Payment Status	2	2	2	3
OM19 Manage Payment Information	1	1	1	3
OM20 Calculate Spend Down	N/A	N/A	N/A	N/A
OM21 Prepare Member Premium Invoice	N/A	N/A	N/A	3
OM22 Mange Drug Rebate	2	2	2	3
OM23 Manage Estate Recovery	1	1	1	3
OM24 Manage Recoupment	2	2	2	3
OM25 Manage Cost Settlement	1	1	1	3
OM26 Manage TPL Recovery	1	1	1	3

3.2.5 Program Management

The Program Management business area houses the strategic planning, policymaking, monitoring, and oversight activities of the Agency. These activities depend heavily on access to timely and accurate data and the use of analytical tools. This business area uses a specific set of data (e.g., information about the benefit plans covered, services rendered, expenditures, performance outcomes, and goals and objectives) and contains business processes that have a common purpose (e.g., managing the Medicaid program to achieve the Agency's goals and objectives such as by meeting budget objectives, improving customer satisfaction, and improving quality and health outcomes).

This business area includes a wide range of planning, analysis, and decision-making activities, including benefit plan design, rate setting, healthcare outcome targets, and cost-management decisions. It also contains budget analysis, accounting, quality assessment, performance analysis, outcome analysis, continuity of operations plan, and information management. This is the heart of the Medicaid Enterprise and the control center for all operations.

As the Medicaid Enterprise matures, Program Management benefits from immediate access to information, addition of clinical records, use of standards, and interoperability with other programs. The Medicaid program is moving from a focus on daily operations (e.g., number of claims paid) to a strategic focus on how to meet the needs of the population within a prescribed budget. The Program Management business area is illustrated by the diagram below:

Figure 8 Program Management

As Is

Many of the processes in the Program Management Business Area are impacted by the same factors. In general, they fall into the following categories:

- Access to information:
- Communication and Cooperation
  - Centrally accessible mechanisms for the storage of information needed by many units are not a feature of many processes, though this is beginning to improve with the introduction of the SharePoint portal.
  - While cooperation and coordination among Agency units produces impressively accurate results for many processes, manual workflow practices to ensure that activities are handed from one point in a process to another (between individuals or between units)
  - There are some instances where decisions are made in individual units without interaction with other parts of the Agency (e.g., some rate setting activities)

Central to effective management of a Medicaid program is the data available to the stakeholders. It is evident that Alabama Medicaid is working to shift from a primary focus on fiscal impacts and regulatory requirements in decision making to one focused on health care outcome and quality of care. Staff participating in the Designate Approved Services and Drugs and Develop and Maintain Program Policy cited access to external information (e.g., online information, membership in the ECRI Consortium, evidence-based information from the pharmacy vendor). While the participating staff citing the above sources were primarily from the Program Administration area and were fairly satisfied with the information at their disposal, staff in other units were voicing a need for external information; asking questions such as “What are other States doing?” In contrast, participating staff indicated that, to their knowledge, data on state-specific health information patterns is limited or not available.

Staff in most Program Management processes indicated that access to internal information can prove challenging. Program Information is fragmented across multiple systems and units (APS, DSS, AMAES, COLD, TFQ, paper files, network and desktop applications, etc.) and data is not fully standardized across the Enterprise (e.g., member and financial data). Participating staff indicated that users are forwarding requests to access data to the Statistical Support unit (DSS), Information Systems (AMAES, APS, etc.), or the Fiscal Agent (DSS in support of the Beneficiary Services unit). Frustration regarding DSS was expressed in many sessions:

- Verification of report content is an integral part of the process for Statistical Support, this is done manually. It is a standard part of data extraction exercises because:
  - Changes can be applied to AMMIS and not duplicated in the DSS
  - Notification that loads of the DSS are complete are not always accurate
    - Data in DSS is organized differently than in AMMIS and, while there are definitions of the data fields, the names do are not always the same as those in AMMIS and the definitions are not always clear.

- Difficult to know which criteria to select in order to achieve required results

Manipulation of data for analysis is also a challenge for many processes. The form in which data is received can make manipulation difficult, often requiring extensive manual work (e.g., budget information received from the legislature, the manner in which HCPCS are published by CMS - changes within the last two years have increased the need for manual intervention). There is also a lack of predictive modeling tools available to program areas. The ability to scan documents for both storage and later access is not uniformly available across the Agency. This further hinders access to program information. On the other side of the equation from users, Information Services and Statistical Support staff, expressed frustration in communication issues with requestors that results in lack of understanding around what any one piece of information means and the impact on a query.

There are four processes that depend on financial data from the AMMIS, APS, and the State accounting systems: Manage FFP for MMIS, Manage FMAP, Manage FFP for Services, and Manage State Funds. Financial data is not standardized across the three systems and manual process steps are necessary to complete these processes. Staff turnover and shortages in the Finance unit add an additional challenge to these processes.

APS is the in house system that currently supports financial processes. When the current State accounting system was first installed, it was thought that it could not support the complexities of the funding structures that Medicaid requires. The APS system was installed at that time. Staff participating in the sessions suggested that this may not be accurate. .A new accounting system for the State is under development. When this will be completed is unknown. The Agency Staff participating is the sessions are under the impression that the Agency will need to switch from APS to the new State accounting system when the new system is complete.

To Be Objectives

Session participants had many suggestions regarding the improvement of quality of and access to program management information. Some of them are listed here (for more detail, see Appendix A):

- Centralization or federation of program information data sources and access for users via a unified interface.
- More system to system interaction between the systems containing program information.
- Create a standardized approach to pulling information from systems (e.g., there is little standardization of queries for pulling data for budget analysis purposes, this varies by the individual requesting the data)
- Create a consolidated Agency-wide data dictionary – standard terminology for spoken/written reference and data standards for systems (ex. Standard term for the Agency, standard term for members (standardization of member information is within the scope of the BPR project and would improve the capabilities of many processes throughout the Business Architecture)
- Until the above is done, create improved explanation of the available data elements in systems from which program data is extracted. (e.g., create a data

dictionary for APS and the other systems supported by Crystal Reports, improve the clarity of the DSS definitions)

While improvements in MITA Maturity Levels for Program Management business processes are limited across the short and the near term, there are a some improvements that could impact the Enterprise (or at the very least, the Agency as a whole) and result in significant improvements in process capabilities. Two with the most potential to impact multiple processes are:

- Workflow management capabilities (the FEITH system that includes COLD reports has some workflow management capabilities and has the advantage of being in use by both the FA and the Agency)
- Document management capabilities

No changes are anticipated to the Manage FFP for MMIS, Manage FMAP, Manage FFP for Services, or Manage State Funds processes in either the short or near term. However, due to the uncertainty as to when the new State accounting system will be complete, staff participating in the session suggested that and an investigation of whether to move the functionality currently supported by the APS system to the current State accounting system prior to the new system going live might smooth the transition and allow the Agency to chose the time for conversion rather than an outside agent. The long term maturity goal for these processes is Level 3. The challenge will be getting agreement from the Department of Finance to implement the process as a service utilizing MITA standard interfaces.

Session participants cited a long term goal of Level 3 for Program Management business processes. As well as implementing the processes in a service oriented environment and utilizing MITA standard interfaces, any process that reaches for Level 3 will also have to display the capabilities Level 2 that are not currently part of the process. These capabilities are too numerous to mention here. Appendix A provides business process level detail.

Table 12 Program Management MITA Maturity Matrix

STATE BUSINESS PROCESS	AS IS MATURITY LEVEL	TO BE MATURITY LEVEL		
		MMIS SHORT TERM	BPR NEAR TERM	MITA LONG TERM
PG01 Designate Approved Service and Drug Formulary	2	2	2	3
PG02 Develop and Maintain Benefit Package	2	2	3*	3
PG03 Manage Rate Setting	1	1	2	2
PG04 Develop Agency Goals and Initiatives	1	1	1	3

STATE BUSINESS PROCESS	AS IS MATURITY LEVEL	TO BE MATURITY LEVEL		
		MMIS SHORT TERM	BPR NEAR TERM	MITA LONG TERM
PG05 Develop and Maintain Program Policy	1	1	1	3
PG06 Maintain State Plan	1	1	1	3
PG07 Formulate Budget	1	1	1	3
PG08 Manage FFP for MMIS	1	1	1	2
PG09 Manage F-MAP	1	1	1	2
PG10 Manage State Funds	1	1	1	3
PG11 Manage 1099s	2	2	2	3
PG12 Generate Financial and Program Analysis/Report	1	1	2	3
PG13 Maintain Benefits/Reference Information	1	1	1	3
PG14 Manage Program Information	1	1	2	3
PG15 Perform Accounting Functions	1	1	1	3
PG16 Develop and Manage Performance Measures and Reporting	1	1	1	3
PG17 Monitor Performance and Business Activity	1	1	1	3
PG18 Draw and Report FFP	1	1	1	3
PG19 Manage FFP for Services	1	1	1	2

* Level 3 as described in the v2.0 BCM which does not explicitly cite MITA standards and the implementation of the process as a service, these two capabilities are integral to implementing any at Level 3.

3.2.6 Business Relationship Management

The Business Relationship Management business area is currently represented in many States as a component of Program Management. Most MMIS and related systems are not able to support the full data exchange as envisioned by MITA. It is shown here as a separate business area because collaboration between in-State agencies and inter-State and Federal agencies is increasing in importance. This business area supports standards-driven automated data exchange throughout the Medicaid Enterprise and with outside entities for which there is not a contractual or business associate relationship. Business Relationship Management owns the standards for interoperability between the Agency and its partners. It contains business processes that have a common purpose (e.g., establish the interagency service agreement, identify the types of information to be exchanged, identify security and privacy requirements, define communication protocol, and oversee the transfer of information). The figure below illustrates the Business Relationship Management business area.

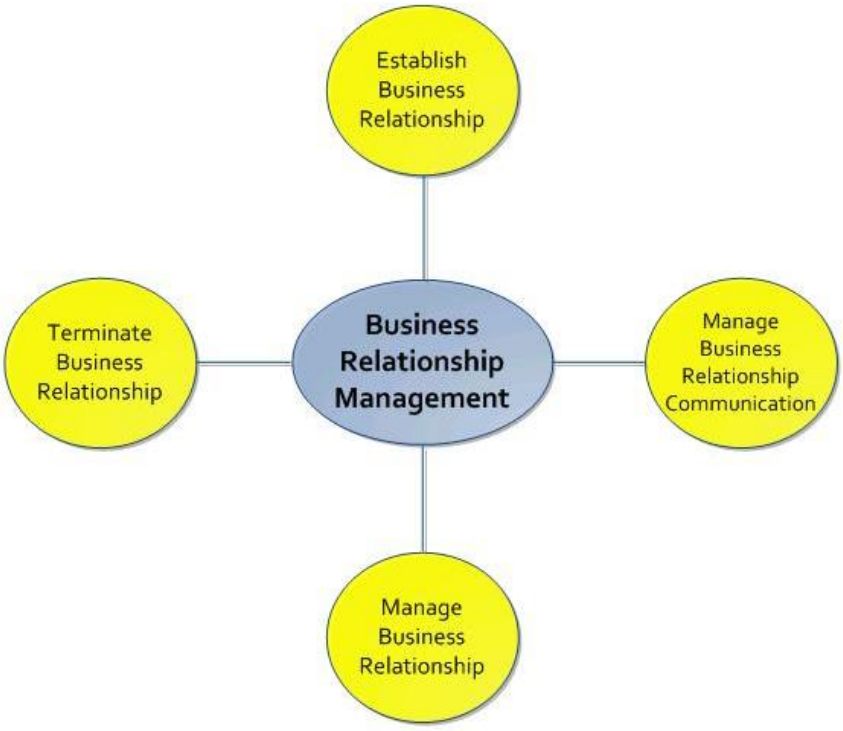


Figure 9 Business Relationship Management

While CMS recognizes Business Relationship Management as an important area for future business enterprise, extensive information has not yet been made available in regards to establishing national standards for this business area through MITA.

As Is

Business Relationship Management in Alabama Medicaid involves several types of data exchange agreements:

- Memoranda of Understanding (MOUs)
- Memoranda of Agreement (MOAs)
- Business associate agreements
- Data sharing agreements (Information Systems is involved with these by default)
- IEAs (Information Exchange Agreements)

All of the above establish privacy requirements, may be part of a contract, and may not establish the details of the exchange in the agreements

The different types of agreements can be established and managed independently by, potentially, any part of the organization and familiarity with the different types is not universal. Due to these factors, and because there is no central point of storage for agreements and processes in this area are primarily manual, the Maturity Level for Business Relationship Management in Alabama is solidly at Level 1.

However, standards have been established for some types of agreements (business associate, data sharing, and provider agreements for electronic claim submission are standardized) and others have guidelines and standard clauses (contracts and MOUs). HIPAA standards for transactions are in use. For these reasons we regard Business Relationship Management as well positioned to move towards a Maturity Level of 2 in the future.

To Be Objectives

Alabama Medicaid has expressed the intent, as evidenced by the TFQ project, to strive toward the capabilities of MITA Maturity Level 4 which targets widespread and secure access to clinical data to enable the Medicaid enterprise to improve healthcare outcomes and focus on program improvement. This, together with the ARRA emphasis on EHI/EHR will broaden the scope of Business Relationship Management and raise the importance of this business area to the Agency. The Camellia II project is also likely to impact these processes both in regards to the establishment of specific agreement and in regards to setting precedent for how interagency data sharing agreements are established and in their details.

Session participants offered the following suggestions to improve the functioning of the Business Relationship Management business area:

- Implementation of a document management system
- Implementation of a workflow management system
- Implementation of a contract management system
- Implementation of a central repository for agreements
- Further standardization in relation to establishing agreements

While the MMIS Re-procurement project does not appear to offer opportunity to improve the Maturity Level of the business area in the short term, there are potential opportunities under the BRP project that make a near term maturity goal of Level 2 reasonable:

- The implementation of a central repository for agreements by leveraging existing State system capabilities and the implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified in the Beneficiary Services and TPL Wish List.
- While the scope of the BPR project does not address Business Relationship Management directly, these processes will be impacted by the intent to increase the use of EDI indicated as To Be goals for processes within the scope of the BPR.

The implementation of a contract management system, identified as a To Be for this process, has also been identified as a near term To Be goal under the Contract Management Business.

The long term maturity goal for Business Relationship Management is Level 3 and/or Level 4. Level 3 requires further automation of all (or most) process steps, the adoption of MITA standards as they are developed, and implementing the process as a service. Level 4 targets widespread and secure access to clinical data. While MITA's developers envisioned a State achieving level 3 before Level 4, CMS will support improvements that enable electronic exchange of clinical data, even when not implemented in a manner that meets all level 3 capabilities. Keep in mind, though, the manner in which Level 4 is implemented should be done in a way that supports a smooth transition to Level 3 capabilities. Session participants felt that it was important to emphasize that, while the Agency may position itself to meet the capabilities of these levels, the ability to achieve this goal is highly dependent on the capabilities, and requirements of data exchange partners.

Table 13 Business Relationship Management MITA Maturity Matrix

STATE BUSINESS PROCESS	AS IS MATURITY LEVEL	TO BE MATURITY LEVEL		
		MMIS SHORT TERM	BPR NEAR TERM	MITA LONG TERM
BR01 Establish Business Relationship	1	1	2	3
BR02 Manage Business Relationship	1	1	2	3
BR03 Terminate Business Relationship	1	1	2	3
BR04 Manage Business Relationship Communication	1	1	2	3

3.2.7 Program Integrity Management

The Program Integrity business area incorporates those business activities that focus on program compliance (e.g., auditing and tracking medical necessity, appropriateness, and quality of care; fraud and abuse; erroneous payments; and administrative abuses). The business processes in this business area have a common purpose: to identify cases, gather information, verify information, develop cases, report on findings, make referrals, and resolve cases. Program Integrity collects information about an individual provider or member (e.g., demographics; information about the case itself such as case manager ID, dates, actions, and status; and information about parties associated with the case). A single business process may cover several types of cases. The input, output, shared data, and the business rules may differ by type of case, but the business process activities remain the same. The figure below illustrates the business processes included in Program Integrity Management.

Figure 10 Program Integrity Management

As Is

The units in Alabama Medicaid that support program integrity activities identify and manage a variety of types of cases. Participating staff noted the following types of reviews in which the Agency engages:

- Provider utilization review
- Provider compliance review
- Contractor utilization review [Pregnancy Program Contractors]
- Contractor compliance review
- Beneficiary utilization review
- Investigation of potential fraud review
- Drug utilization review
- Quality review
- Performance review
- Contract review
- Erroneous payment review

Each type of case is driven by different criteria and rules, different relationships, and different data. Each type of case calls for different types of external investigation and responsibility for identification and management of cases is spread across the following Agency units:

- Medical Director
- Program Integrity
- Pharmacy Audit
- SUR (Provider & Recipient Review)
- Quality Control
- Investigations
  - Third Party Liability
- Payment Review (investigation of members related to eligibility issues)
  - Provider Audit/Reimbursement
  - Pharmacy Services
  - Long Term Care Division
  - Medical Services Division
- Patient 1st

There is fairly good coordination among internal stakeholders. The units responsible for program integrity activities do not duplicate efforts in identification and management of the different types of cases. However, there are similar activities taking place in multiple parts of the organization that upon closer examination may offer opportunities to improve efficiency. For all units, management of cases is a manual process involving the use of spreadsheets, network based data, COLD Reports, and paper case file. While the Investigations Unit is beginning to use historical data to support investigation of provider types prior to enrollment and QC is looking at trends and pilots, the most of the other units engaging in program integrity activities are more reactive. The Investigation Unit has access to CLEAR – a web based service that supports investigations. This is not used across the Agency due to cost & confidentiality issues around the type of information provided.

Easily accessible and accurate data is core to the performance of Program Integrity Management processes. In Alabama Medicaid many program integrity units face challenging situations in this regard. While the SUR unit is supported by fairly accessible information (direct access/control of parameters) in the SUR subsystem, queries against data in AMAES require programmer assistance. In general, data sources are scattered and not integrated across the units responsible for managing the data and the units responsible for managing program integrity cases:

- QC must use the AMAES system by submitting criteria to a programmer in Information systems in order to obtain reports
- Other areas use SUR and/or DSS

- Member data is not standardized across systems
- Much of the member data needed is not available electronically (e.g., case files)
- Patient 1st

- Must manually access eligibility and other criteria for the members that they monitor
- Must submit this criteria to the Fiscal Agent in order to obtain reports
- Is concerned that there appear to be inaccuracies in the eligibility data used to generate reports for investigation
- Does not have access to member telephone numbers
  - Differences in data standards and organization between the various sources of PI information: AMAES, InterChange, DSS impact accuracy and confidence in accuracy
  - TPL experiences address inconsistencies due to the CROCS system not being updated from the master file

Both of the business processes within this business area were assessed at Maturity Level 1. Despite the manual nature of many of the process activities and the issues with access and accuracy of data, session participant's satisfaction with the process and overall process accuracy is perceived to meet Level 2 capabilities. The SUR unit staff feels the new SUR system functionality (that produces provider and member review analysis) is working well.

To Be Objectives

As was true for the As Is assessment, To Be objectives for the business processes in Program Integrity Management were the same for all of the processes at each of the identified points in time:

The short term maturity level of these processes will remain at Level 1. However, the implementation of X12 5010, the latest NCPDP version, and ICD-10 will have a sizeable impact on this process and are anticipated to move the maturity of the process towards level 2.

The near term maturity goal for the business area is Level 2. The three following topics address the To Be priorities indicated by session participants and the Beneficiary Services and TPL Wish List that was included in the ITB:

- Standardization of data

- Standardization of member data across the Enterprise
- Other data is more standardized, but the BPR project may provide the opportunity to verify this
  - Improvements in how data is selected
- Direct stakeholder control over data selection criteria for all units that engage in program integrity activities.
- Expansion of what data selection parameters are available

- Availability and simplification statistical sampling mechanisms for all types of program data.
- Improve automation of data matches
  - Transition to a paper-less process:
- Enable electronic storage of member case file data
- Implement a single unified interface for all member data that would make access to the information available to all authorized users and automated processes. This includes access to program integrity case results by other authorized units (e.g., for member and provider eligibility/enrollment activities)
- Enable electronic access to information maintained in another unit
- Improve interfaces/data exchanges
- Implement a document management system to manage data that must remain paper-based in the format it is received.
- Implement an electronic case management system;
- Implement a work flow management system

The long term maturity goal for the business area is Level 3. At Level 3, Program Integrity will have automated most steps including the use of automated parameters, pattern recognition, and other tools to identify qualified cases, and will have implemented electronic data exchange that allows for real-time access to data, in all but exceptional cases via a unified user access point. In common with all processes that achieve Level 3 capabilities, the process will be implemented as a service and include the adoption of MITA standards as they are developed.

Table 14 Program Integrity Management MITA Maturity Matrix

STATE BUSINESS PROCESS	AS IS MATURITY LEVEL	TO BE MATURITY LEVEL		
		MMIS SHORT TERM	BPR NEAR TERM	MITA LONG TERM
PI01 Identify Candidate Case	1	1	2	3
PI02 Manage Case	1	1	2	3

3.2.8 Care Management

The Care Management business area illustrates the growing importance of care management as the Medicaid program evolves. Care Management contains business processes that have a common purpose (e.g., identify clients with special needs, assess needs, develop treatment plan, monitor and manage the plan, and report outcomes). This business area includes processes that support individual care management and population management. Population management targets groups of individuals with similar characteristics and needs and promotes health education and awareness. The figure below illustrates the Care Management business area.

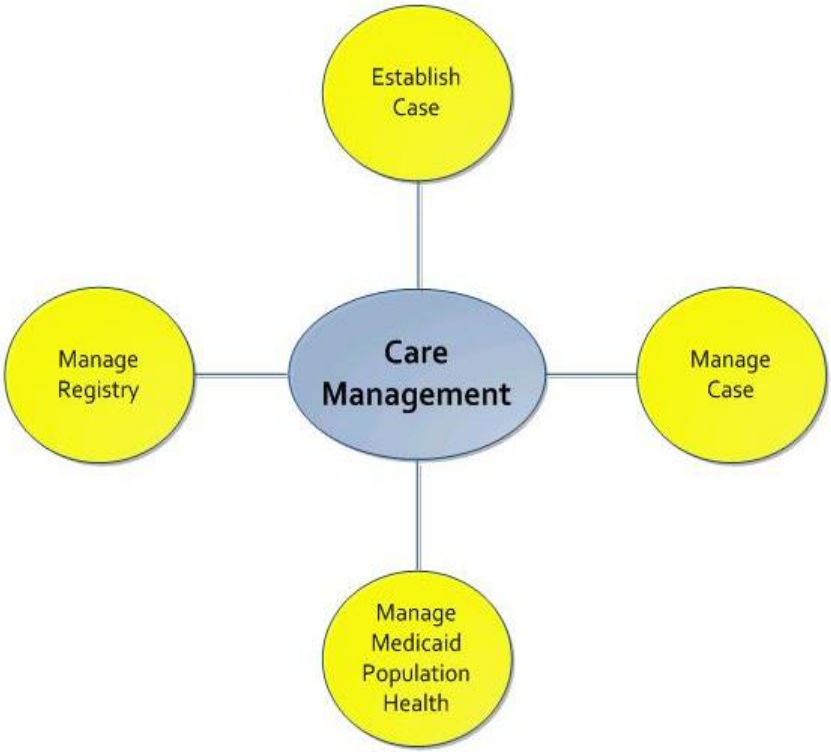


Figure 11 Care Management

As Is

Responsibility for establishing and managing a Care Management case resides with several bureaus at the Alabama Department of Public Health: Home (DPH) and Community Based Services, Senior Services, and Family Services. Referrals can be received via the Care Coordination Referral System (CCRS) from many different points: other agencies (e.g., Medicaid), hospitals, community workers, providers, and the University of South Alabama's RMEDE database. Referrals to the Alabama Dept. of Public Health are supported by the Alabama Care Coordination Referral system (ACORN), a centrally available electronic repository for case files. Communication with stakeholders is via a mix of manual and electronic

mechanisms. The Maturity Level was assessed a Level 1 because of the lack of coordination regarding data sharing between the Alabama Medicaid Agency and DPH. Users in AMA and DPH have not been given access to member information held by the other agency (DPH does not have access to some member information in the Medicaid system and DPH is not allowing access for privacy reasons.) Member information is not standardized across the Medicaid Enterprise (which includes these three DPH bureaus).

The As Is Level of Maturity for the Manage Medicaid Population Health process is Level 1 due to the fact that the process is carried out independently in multiple parts of the Agency with little coordination among units (siloed); and is primarily manual in nature. The process is also challenged by limitations to the accessibility of information (ability to extract information from DSS, access to analysis performed by DPH); and lack of flexibility in manipulation of data (ability to perform drill down queries). This hampers the Agency's ability to identify population patterns.

Currently, the Alabama Medicaid Agency does not perform the Manage Registry business process. The Agency does, however, provide claims data to the Department of Public Health (DPH) that they use for the registries that they maintain. QTool also submits claims data to and accesses data from the University of South Alabama (USA) RMEDE database which processes claim information to identify potential care management cases.

To Be Objectives

In the short term, the Establish Case and Manage Case processes will remain at Maturity Level 1. Manage Medicaid Population Health is also expected to remain at Level 1, although new communication mechanisms may be introduced (e.g., Facebook, Twitter, text messages, etc.).

The near term maturity goal for the Establish Case and Manage Case processes is to move towards Level 2 by working towards an agreement between Alabama Medicaid and DPH regarding shared data and system access (CCRS, ACORN, etc.). Near term To Be goals of other processes within the scope of the BPR project include the standardization of member data across the Enterprise.

In the near term, the Maturity Level for Manage Medicaid Population Health will remain at Level 1 but will adopt many of the Level 2 capabilities by working with the Department of Public Health and other agencies to expand access to information Improvements in the access to data as part of the BPR project (standardization of member data, central maintenance of outreach information, improvements in the access to data) and implementation of workflow management and document scanning functionality (also goals under the BPR project) will also move the process toward Level 2.

The long term goal for three of the four processes in Care Management is Level 3. To achieve this Establish Case, Manage Case, and Manage Medicaid Population Health must all be implemented as a service utilizing the MITA standard interfaces. For Manage Medicaid Population Health, all remaining Level 2 capabilities must be met.

Session attendees did not identify the maintenance of registries as a To Be goal for Alabama Medicaid. However, In the future, the Agency would like to have the ability to automatically

access various registries including, lead poisoning, diabetes, vital statistics, hospital infection, heart attack, brain injury, etc.

Table 15 Care Management MITA Maturity Matrix

STATE BUSINESS PROCESS	AS IS MATURITY LEVEL	TO BE MATURITY LEVEL		
		MMIS SHORT TERM	BPR NEAR TERM	MITA LONG TERM
CM01 Establish Case	1	1	2	3
CM02 Manage Case	1	1	2	3
CM03 Manage Medicaid Population Health	1	1	1	3
CM04 Manage Registry	N/A	N/A	N/A	N/A

4 MITA SS-A TECHNICAL ASSESSMENT RESULTS

FOX assessed the existing four primary systems based on the MITA Technical Capabilities. This section contains the detailed explanation behind the assessed maturity level for each of the seven areas of Technical Capabilities that support the Alabama Medicaid Enterprise. Those Technical Capabilities include:

1. **Business Enabling Services** – identifies applications that will implement improvements in Medicaid business-processing functions. There are twelve sub-capabilities included in this MITA Technical Capability area

2. **Access Channels** – describes how users of Agency resources will connect to Medicaid application services/information through certain access points of service. There are two sub-capabilities included in this MITA Technical Capability area

3. **Interoperability Channels** – defines mechanisms for system-to-system communications from one business area application to another to exchange information and provide services typically using Service Oriented Architecture (SOA) and Enterprise Service Bus (ESB) technology used in the Medicaid program. There are six sub-capabilities included in this MITA Technical Capability area

4. **Data Management and Data Sharing** – defines Medicaid-specific data and identifies Medicaid-specific data standards and vocabularies, with an emphasis on data structure, data taxonomy, and metadata standards development to describe data. There are two sub-capabilities included in this MITA Technical Capability area

5. **Performance Management** – creates standard policy and performance measurement capabilities by developing and publishing common measurement criteria, defining standard methods of data collection across MITA organizations, and developing standard report formats and utilities. There are two sub-capabilities included in this MITA Technical Capability area.

6. **Security and Privacy** – defines standard security and privacy mechanisms to facilitate the exchange of information among multiple organizations, addressing Medicaid centric policy and technical issues regarding security data exchange. There are six sub-capabilities included in this MITA Technical Capability area

7. **Flexibility - Adaptability and Extensibility** – identifies and provides guidelines, specifications and utilities that States can use to tailor (i.e., adapt) and extend (i.e., add to) the enterprise to meet their individual needs. There are four sub-capabilities included in this MITA Technical Capability area

The assessment for the above-listed Technical Capabilities is represented in a table format, with one table for each capability and its associated sub-capabilities. Each table contains a brief description of the MITA technical function, a description of the technical function as it applies to Alabama, the assessed As Is capabilities level of the technical function for Alabama, and an explanation supporting the assessed level.

The MITA Technical Capability Matrix is not as mature as the Business Capability Matrix. While the Technical Architecture in MITA Framework 2.01 includes a series of numeric levels associated with technical capabilities, these levels are currently under revision. The revisions are necessary to reduce the perception of a maturity relationship between the MITA Business Capability Matrix (BCM) and the MITA Technical Capability Matrix (TCM).

For the reason outlined above, the Alabama Technical Assessment will not utilize the assignment of numeric levels. Instead, this assessment will assign value equivalents to general levels of Technical Capability using a scale of shaded symbols that indicate the following:

- ○ The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax
- ◔ The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats
- ● The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

4.1 Current Systems and Technical Projects

The five primary functional systems and projects currently supporting the Alabama Medicaid Agency are:

- The Alabama Medicaid Management Information Systems (AMMIS)
- Alabama Medicaid Application and Eligibility System (AMAES)
- Together for Quality (TFQ) Transformation Grant Health Information System
- Camellia II/My Alabama Project
- Accounts and Payables System (APS)

The following contains a brief description of each system.

AMMIS

HP's interChange MMIS application software system is implemented in Alabama. This was built on N-Tier Architecture which consists of a presentation layer, business layer and a data layer. This system is centered on a relational data model. It divides the application into components so that they process on different networked computers. The interChange system is comprised of various software components that are loosely coupled and arranged in various software and architectural patterns. The core components include MMIS batch processing developed in the C programming language executing in a Unix environment and an N-Tier web-based user interface written primarily in C# (C Sharp), utilizing Microsoft ASP.NET. The MMIS data layer/tier resides in an Oracle 10 gigabyte database. Critical software components for letter generation, ad-hoc reports, optical character recognition, electronic document storage and

management and Electronic Data Interchange (EDI) are also integrated into the interChange system.

AMAES

The AMAES Recipient Subsystem supports Beneficiary Services and eligibility functions; Third Party Liability and Buy-In, Non-Emergency Transportation; and Program Integrity as well as supports interfaces with other state and federal organizations including the Department of Human Resources, Department of Public Health, State Data Exchange, IRS, and others.

The primary purpose of the AMAES functions is to accept and maintain an accurate, current, and historical source of eligibility and demographic information on individuals eligible for medical assistance, and to support analysis of the data contained within the Recipient Subsystem. The maintenance of recipient data is required to support claim processing in batch and online mode, reporting functions, eligibility verification, and information retrieval systems.

The current AMAES Recipient Subsystem infrastructure is made up of many automated and manual components. These integrated components make up the subsystems that support many of the federal/state/private departments/agencies/program divisions/entities. This system was rebuilt as a variable length file that utilized a Virtual Sequential Access Method (VSAM) database management structure.

The AMMIS Recipient system receives the following information from AMAES:

- Eligibility information from the daily updates
- Medicare Part D updates
- EDB updates
- Monthly eligibility updates.

TFQ Project

The Together For Quality (TFQ) project goals are to integrate a HIS that links Medicaid, State and health service agencies, providers, and private payers to establish a quality improvement business and system model that is comprehensive. The goals of the project also focus on interoperability by developing a system of electronic communications that allows all State HHS agencies and participating medical providers to share information about common recipients efficiently and effectively. This system will allow Medicaid and other HHS agencies and providers to:

- Improve the quality of care of patients by providing the tools that support the coordination of services and the communication of the patient health status across the patient's medical home and their specialty care providers,
- Enhance opportunities for continuous healthcare improvement and at the same time, reduce wasteful resources due to uncoordinated, duplicative, ineffective and unnecessary services,
- Promote the adoption of evidence-based medical care and care-coordination programs by increasing the awareness and participation to available disease

management protocols aimed at improving health outcomes and preventing further disease complications among patients.

Camellia II/My Alabama Project

Camellia II/My Alabama Project is designed to connect families across the programs and services of five separate agencies and six different programs. Medicaid is one of the lead agencies in the pilot with its Medicaid for Low Income Families program. Other agencies participating in the pilot are the Department of Human Resources (the Food Stamp and TANF programs), Public Health (the ALLKids S-CHIP State Health Insurance Program for children), Mental Health (Division of Intellectual Disability Services), and Rehabilitation Services (Children's Rehab Services). The Camellia II/My Alabama Project intends to overcome disparate systems unfriendly to clients and the increasingly complex eligibility processes facing families through a combination of technology innovation and service delivery improvements.

Designed to integrate with existing systems, Camellia II/My Alabama will utilize middleware technology (BizTalk) and the use of an Enterprise Services Bus (ESB) distributed solution to allow agencies to improve their ability to serve clients through:

- An automated web based outreach screening and referral function that directly links with State agencies and links referrals across agencies,
- Building and maintaining a Common Client Index to be used in cross Agency common client identification and referral,
- An automated sharing of eligibility information across agencies,
- An automated initial client and worker scheduling function to reduce the number of office visits,
- The ability for clients to access screening, referral and eligibility from any site with internet access,
- Providing enabling technology to case managers so they can coordinate case management actives for families.

APS

The APS or Accounts Payable System is a contractor written system in Visual Basic ASP.net. The APS' agency users are Finance and Purchasing. The APS creates and processes agency paper and electronic payment and journal vouchers. It consists of an SQL server 2005 database and Windows 2003 Servers, accessed through a local area intranet. Security is windows authentication, based on active directory groups. The APS currently has three security groups which are Admin, Manager and User.

APS has recently upgraded the Development environment from Microsoft Visual Studio .net 2003, to Microsoft Visual Studio .net 2008 and TFS. After the Development environment, APS has a Quality Assurance environment, Staging environment, and a Production environment. The canned internal VB ASP .net Crystal Reports will be moving to the Crystal Server.

4.2 Results of the Technical Capabilities Assessment

Each of the seven Technical Areas (TA) is addressed in a separate section. For each TA, there is a description followed by a MITA Maturity Matrix table. The tables have an entry for each of the technical function within the TA:

- The left half of each entry contains a description of the function and maturity capability statements taken directly from the MITA framework. A shaded circle precedes each capability statement. The circle indicates the general level of Technical Capability with which the statement is associated. There may not be a capability statement directly addressing each general level of Technical Capability. There may be more that one statement associated with a level of capability.
- The right half of the entry contains the maturity assessment in relation to the technical function. There is a separate assessed maturity for each of the primary systems and projects addressed in Section 4.1. The shaded circle in the Maturity column indicates the level at which the system or project was assessed.

Note: The left half of the entry is not a key to the right half of the entry. FOX considers all three of the general levels of Technical Capability when assessing the systems and projects relative to a technical function, whether or not the framework content does so.

For convenience, the descriptions of the general levels of Technical Functionality are repeated at the top of each Maturity Matrix table.

4.2.1 Business Enabling Services

The data enters into the Alabama Medicaid through manual data entry on hardcopy forms, through online data entry, and through electronic forms. Many of the paper claims are scanned electronically. The State has not mandated data entry on electronic forms and still allows the submission of hardcopy forms. The workflow management is a mix of manual and electronic process and does not have the capability to electronically route files to Business or Individuals involved in the processes. Common repositories and email are also used to route work. The Business Processes are primarily managed through a combination of systems list and hard coded logic. There is no consistent way of managing the Business process across the enterprise. There is no central place or common repository that stores this information. The Business Relationships are primarily a manual process, and managed through a Memorandum of Understanding (MOU) or Business Partner agreement. There is no central repository for executed data sharing agreements, nor any standardized process for reviewing, updating, or managing existing data sharing agreements. There is no automated tool to monitor ongoing business relationships. Supporting of foreign languages is primarily a manual process. The primary language used is English. However, the “Translate” utility tool in Microsoft Outlook and foreign speaking translator service are also used as well.

The Medicaid Management Information System (MMIS) Fiscal agent extracts and transforms the data from MMIS and supporting systems, and loads it into the Decision Support System

(DSS), through weekly and bi-weekly Extract, Transform, and Load (ETL) process. The ETL process has a mix of automated and manual activities and relies on static files to transfer data between systems. The Data Warehouse is built on an Oracle Relational Database Management System (RDBMS) and is accessed through the Commercial Off-The-Shelf (COTS) tool Business Objects. The bulk of the information is in DSS, but there are a number of other systems that contain program information and must be accessed separately like Alabama Medicaid Application and Eligibility System (AMAES), Accounts Payable System (APS), some Medicaid Management Information Systems (MMIS) data, electronic documents on the state network, manually maintained data such as recipient case files and contract information, etc.

There are five dependent Data Marts (i.e., DSSProfiler, Surveillance Utilization and Review (SUR), Management Administrative Reporting Subsystem (MAR), ETG, and Alabama-specific Profiler) and an independent Data Mart (i.e., QTool). Extraction to Data Marts is automated.

Ad hoc reports are created using a mix of both coded procedures and COTS tool named Business Objects, Crystal Reports, etc. Agency utilizes Business Objects to run query against DSS to extract data to generate ad hoc reports. Data mining is not used to detect patterns in large volumes of data. A COTS tool named Statistical Package for the Social Sciences (SPSS) 9.0 is installed in the Alabama Medicaid. However, it is currently not being utilized. Coded procedures are used to run against AMAES files and produce many statistical analysis reports from AMAES and the Log File, which are related to eligibility. However, Alabama Medicaid Enterprise does not use any learning tool (neural network tools) nor utilize the services of third parties (like Fair Isaac) to perform the neural network analysis.

Key to the Maturity Levels:

- ○ The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax
- ◔ The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks, or proprietary systems, and using non-standard/proprietary formats
- ● The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher.

Table 16 Business Enabling Services MITA Maturity Matrix

MITA Technical Function and Description	Alabama Medicaid System	Maturity
B.1 – Forms Management		
The Forms Management technical function focuses on the ability of an enterprise to receive data via a form.	**AMAES**	○
	AMMIS	○

MITA Technical Function and Description	Alabama Medicaid System	Maturity
Manual data entry on hardcopy forms ● Online data entry on electronic forms	**CAMELLIA II/My Alabama**	N/A
	TFQ	◐
	APS	○
B.2 – Workflow Management		
The Workflow Management technical function focuses on the capabilities of an enterprise to route files and data to individuals and business processes. ○ Manual routing of hardcopy files to individuals involved in processing ◐ Electronic routing of files to business processes and individuals involved in processing. Responsible for processing completion and other individual and business processes.	**AMAES**	○
	AMMIS	○
	CAMELLIA II/My Alabama	N/A
	TFQ	N/A
	APS	○
B.3 – Business Process Management (BPM)		
The Business Process Management technical function focuses on the capabilities of an enterprise to manage their business processes. ○ Manual by the user ● Specification and management of business processes is in conformance with MITA BPM standards (e.g., Business Process Execution Language [BPEL])	**AMAES**	○
	AMMIS	○
	CAMELLIA II/My Alabama	N/A
	TFQ	N/A
	APS	○
B.4 – Business Relationship Management (BRM)		
The Business Relationship Management technical function focuses on the capabilities of an enterprise to manage their business relationships. ○ Manual (e.g., by attaching annotations to case files)	**AMAES**	○
	AMMIS	○
	CAMELLIA II/My Alabama	N/A
	TFQ	N/A

MITA Technical Function and Description	Alabama Medicaid System	Maturity
● Basic BRM, including tracking relationships between Medicaid system users (e.g., beneficiaries and providers) and the services they have requested and received Or Advanced BRM, which includes basic BRM plus analytics support and personalization capabilities	**APS**	N/A
B.5 – Foreign Language Support		
The Foreign Language Support technical function focuses on the State's capabilities to support foreign languages. ○ Manual translation of messages into supported foreign languages ● Foreign language translation support for real-time and offline interaction with beneficiaries in designated languages	**AMAES**	○
	AMMIS	○
	CAMELLIA II/My Alabama	N/A
	TFQ	N/A
	APS	N/A
B.6.1 – Data Warehouse		
The Data Warehouse technical function is focused on the ability to extract, transform and load data from multiple databases into a data warehouse so that decision support functions can be accomplished. ● Extracting, transforming and loading data from multiple databases into a data warehouse that conforms with the MITA Logical Data Model	**AMAES**	○
	AMMIS	○
	CAMELLIA II/My Alabama	N/A
	TFQ	N/A
	APS	N/A
B.6.2 – Data Marts		
The Data Mart technical function is focused on the ability to import data into subsets of the data store to perform a specific purpose. ● Importing data into data marts that conform with the MITA Logical Data Model	**AMAES**	○
	AMMIS	N/A
	CAMELLIA II/My Alabama	○
	TFQ	N/A
	APS	N/A

MITA Technical Function and Description	Alabama Medicaid System	Maturity
B.6.3 – Ad hoc Reporting		
The Ad hoc Reporting technical function is focused on the ability to create various reports from data within the Medicaid Enterprise. ○ Ad hoc reporting, typically using coded procedures ◉ Ad hoc reporting against databases using COTS tools	**AMAES**	○
	AMMIS	○
	CAMELLIA II/My Alabama	N/A
	TFQ	N/A
	APS	○
B.6.4 – Data Mining		
The Data Mining technical function is focused on the ability to parse large volumes of data to detect patterns in usage. ○ Data mining to detect patterns in large volumes of data, typically using coded procedures ◉ Data mining to detect patterns in large volumes of data using COTS tools	**AMAES**	○
	AMMIS	○
	CAMELLIA II/My Alabama	N/A
	TFQ	N/A
	APS	N/A
B.6.5 – Statistical Analysis		
The Statistical Analysis technical function is focused on the ability to perform statistical analysis of designated data (e.g., regression analysis). ○ Statistical analysis of designated data (e.g., regression analysis), typically using coded procedures ◉ Statistical analysis of designated data (e.g., regression analysis) using COTS tools	**AMAES**	○
	AMMIS	○
	CAMELLIA II/My Alabama	N/A
	TFQ	N/A
	APS	N/A
B.6.6 – Neural Network Tools		
The Neural Network Tools technical function is focused on the ability to perform data analysis using neural network (i.e., learning) tools. ○ None ◉ Analysis using neural network (e.g., learning) tools	**AMAES**	○
	AMMIS	○
	CAMELLIA II/My Alabama	○
	TFQ	○
	APS	N/A

4.2.2 Access Channel

Recipients and Providers access the Alabama Medicaid via a mix of manual, alphanumeric devices, and portal. Allow for web alerts if changes are made on the public website – for example if a change is made to an address or other important information. Users can access through a single online access point. The access devices supported by the Alabama Medicaid Enterprise are: manual submission, alpha numeric devices, voice response systems, browser, call center, kiosk, etc. Providers can access web portal for claims submission, claims lookup, and eligibility. Agency staff can use Personal Digital Assistants (PDA's) which are mainly for e-mail.

Key to the Maturity Levels:

- ○ The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax
- ◔ The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats
- ● The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

Table 17 Access Channel MITA Maturity Matrix

MITA Technical Function and Description	Alabama Medicaid System	Maturity
A.1 – Portal Access		
The Portal Access technical function focuses on the method of access to the Medicaid business functions. ○ Beneficiary and provider access to appropriate Medicaid business functions via manual or alphanumeric devices ◔ Beneficiary and provider access to appropriate Medicaid business functions via portal with single online access point	**AMAES**	○
	AMMIS	○
	CAMELLIA II/My Alabama	**N/A**
	TFQ	◔
	APS	◔
A.2 – Support for Access Devices		

MITA Technical Function and Description	Alabama Medicaid System	Maturity
The Support for Access Devices technical function focuses on the type of devices supported to access Medicaid services. ○ Beneficiary and provider access to services via manual submissions, alphanumeric ("green screen") devices, or EDI ◔ Beneficiary and provider access to services via browser, Kiosk, voice response system or mobile phone ● Beneficiary and provider access to services online via PDA	**AMAES**	○
	AMMIS	○
	CAMELLIA II/My Alabama	N/A
	TFQ	○
	APS	◔

4.2.3 Interoperability Channels

The system functions or modules are defined, structured and invoked in a non-standardized way, with point-to- point interfaces. From a Service Oriented Architecture (SOA) standpoint, only certain areas like translator and front end are SOA compliant. Everything else is non-standard. However, only <25% of the TFQ are non-standard. The web interactions and Electronic Data Interchange (EDI) transmissions in TFQ area are defined, structured and invoked in a standardized way.

The modules within AMAES are generally tightly coupled and rely on proprietary parameter passing to perform the necessary functions. Most software is written not as a service but for a specific purpose. There is no portability across platforms. Some of the data are defined in Extensible Markup Language (XML) schema. In addition Alabama Medicaid Enterprise uses proprietary, X12 and ASCII text data formats too. Only TFQ interfaces are defined in Web Service Description Language (WSDL).

The Alabama Medicaid Enterprise is capable of interoperating with other systems/applications and performing an end-to-end process. The Medicaid Enterprise is coupled using conventional common mainframe legacy integration standards, and has non-standardized application integration with lot of hard coding. The AMMIS Fiscal agent follows some internal standards. However, an Enterprise Service Bus (ESB) is used in the TFQ.

From a SOA standpoint, there is no standardized approach to orchestration and composition within and across the Alabama Medicaid Enterprise. There are some internal standards within the AMAES system, but it is mainly non-standardized approach to orchestration and composition. In general, only certain processes have well defined and interactive functionality (e.g., the web portal on Fiscal agent side interacts with the translator to take the standard transactions, send them to the translator, pass the XML on to the claims engine and send response back through that path in an interactive way). TFQ uses standardized approach like HL7 Continuity of Care Document (CCD). However, they receive Claims Post adjudication

information in a non-standardized format from the MMIS Fiscal agent. (ACS used to receive the same file that HID was receiving and in the same format. Later on, that changed, because ACS requested additional data other than what HID was receiving, so they receive a different file with a layout from HP, according to what they directed and needed).

The Alabama Medicaid Enterprise supports Health Insurance Portability and Accountability Act (HIPAA) format, Pipe-delimited American Standard Code for Information Interchange (ASCII) format, comma delimited files, etc. For the most part, proprietary data exchange standards are used. Cartridges sent to external entities and data transmitted through Connect:Direct, File Transfer Protocol (FTP), and SOBRA transmission are not encrypted. However, transmission to the Internal Revenue Service (IRS) is encrypted. Transmission to the bank is via Virtual Private Networks (VPN). The AMMIS Fiscal agent uses the Secure File Transfer Protocol (SFTP) to encrypt the files that are exchanged with other entities. Media tracking (e.g., Tumbleweed) is used when Protected Health Information (PHI) is sent out.

Integration is a mix of both tightly coupled (ad hoc point-to-point) and loosely coupled. Most integration is point-to-point with each point individually developed to meet the need of the exchange. There are some service-enabling technologies in AMAES, AMMIS, and TFQ areas.

Key to the Maturity Levels:

- ○ The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax
- ◔ The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats
- ● The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

Table 18 Interoperability Channels MITA Maturity Matrix

MITA Technical Function and Description	Alabama Medicaid System	Maturity
I.1.1 – Service Structuring and Invocation		
Service Structuring and Invocation is used to identify the services of the Medicaid Enterprise. It is focused on how the various services (i.e., system functions or modules) are defined and structured and how they are invoked. ○ Non-standardized definition and invocation of services	**AMAES**	○
	AMMIS	○
	CAMELLIA II/My Alabama	N/A
	TFQ	○

MITA Technical Function and Description	Alabama Medicaid System	Maturity
○ Services support using architecture that does not comply with published MITA service interfaces and interface standards ● Services support using architecture that complies with published MITA service interfaces and interface standards Or ● Services support using a cross-enterprise services registry (to be verified)	**APS**	○
I.1.2 – Enterprise Service Bus		
Enterprise Service Bus focuses on the service layer that provides the capability for services to interoperate and be invoked as a chain of simple services that perform a more complex end-to-end process. ○ None or non-standardized application integration ○ Reliable messaging, including guaranteed message delivery (without duplicates) and support for non-deliverable messages ● MITA compliant ESB ● MITA compliant ESB interoperable outside of State Medicaid Agency	**AMAES**	○
	AMMIS	○
	CAMELLIA II/My Alabama	N/A
	TFQ	●
	APS	○
I.1.3 – Orchestration and Composition		
Orchestration and Composition technical area focuses on the approach to the functionality within and across the Medicaid Management Information System (MMIS). ○ Non-standardized approach to orchestration and composition within and across the MMIS ● MITA standard approach to Orchestrating and Composing services	**AMAES**	○
	AMMIS	○
	CAMELLIA II/My Alabama	N/A
	TFQ	○
	APS	○

MITA Technical Function and Description	Alabama Medicaid System	Maturity
I.2 – Standards Based Data Exchange		
Standards based data exchange technical area focuses on the structure of data exchanged between systems and entities. ○ Ad hoc formats for data exchange ● Data exchange (internally and externally) using MITA Standards Or ● Data exchange (internally and externally) in conformance with MITA-defined semantic data Standards (ontology based)	**AMAES**	○
	AMMIS	○
	CAMELLIA II/My Alabama	N/A
	TFQ	○
	APS	○
I.3 – Integration of Legacy Systems		
Integration of legacy systems technical area focuses on the structure of the integration of systems within the MMIS. ○ Ad hoc, point-to-point approaches to systems integration ● Service-enabling legacy systems using MITA-standard service interfaces	**AMAES**	○
	AMMIS	○
	CAMELLIA II/My Alabama	N/A
	TFQ	○
	APS	○

4.2.4 Data Management and Data Sharing

In many cases the exchanges happen electronically in standardized formats, but in other cases the process is completed manually with non-standardized data or exchanges, thorough various modes. Not all data is standardized throughout the MMIS. Much of the MMIS still utilizes proprietary standards. There are few entities with which the Alabama Medicaid Enterprise exchanges data via a hub (e.g., AMAES exchange data with Centers for Medicare & Medicaid Services (CMS) and IRS via a hub and TFQ exchange data with a mix of hub and point-to-point interface). The behavior of most of the interfaces is a mix of both one-way and two-way, with interface characteristics such as real-time, batch, online, and asynchronous. Access to various applications is allowed through Active directory domain, Resource Access Control Facility (RACF) security, etc. There is collaboration on data sharing & interoperability between critical systems like SOBRA, FED, between connected hospitals/EMRs in TFQ area, AMAES, HID, Blue Cross/Blue Shield (BCBS), etc. The TFQ system is capable of exchanging data internally with other State agencies and externally with hospitals, doctors' offices, and Blue Cross/Blue Shield, and the mode of exchange is web service. The Alabama Medicaid Enterprise is currently using the American Dental Association (ADA), Health Level 7 (HL7), HIPAA 4010A1

standard and the National Council for Prescription Drug Programs (NCPDP) 5.1 standard. There are multiple proprietary formats being used for interfaces in both input and output modes. In general, data standards are not uniform across the enterprise and data is stored in several places.

Key to the Maturity Levels:

- ○ The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax
- ◔ The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats
- ● The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

Table 19 Data Management and Data Sharing MITA Maturity Matrix

MITA Technical Function and Description	Alabama Medicaid System	Maturity
D.1 – Data Exchange Across Multiple Organizations		
Data exchange across multiple organizations technical area is focused on data formats and methods of transmission or sharing between multiple organizations. ○ Manual data exchange between multiple organizations, sending data requests via telephone or email to data processing	**AMAES**	○
	AMMIS	○
	CAMELLIA II/My Alabama	N/A
	TFQ	○

MITA Technical Function and Description	Alabama Medicaid System	Maturity
organizations and receiving requested data in nonstandard formats and in various media (e.g., paper) ◉ Electronic data exchange with multiple organizations via a MITA information hub using secure data in which the location and format are transparent to the user and the results are delivered in a defined style that meets the user's needs ● Electronic data exchange with multiple organizations via a MITA information hub that can perform advanced information monitoring and route alerts/alarms to communities of interest if the system detects unusual conditions	**APS**	○
D.2 – Adoption of Data Standards		
Adoption of data standards technical area is focused on the data standards the State has adopted in the Medicaid Environment. ○ No use of enterprise-wide data standards ◉ Data model that conforms to the MITA model and maps data exchanged with external organizations to this model ● Data model that conforms all shared data used by a State Medicaid Agency's business processes to the MITA model Or Data model that conforms all shared data used by a State Medicaid Agency's business processes to the MITA model and includes standards for clinical data and electronic health records Or Data model that conforms all shared data used by a State Medicaid Agency's business processes to the MITA model and that includes national standards for clinical data and electronic health records and other public health and national standards	**AMAES**	◉
	AMMIS	◉
	CAMELLIA II/My Alabama	N/A
	TFQ	◉
	APS	○

4.2.5 Performance Management

Performance monitoring and reporting is mostly a mix of manual and automated process (e.g., contract performance reports are manual and generation of monthly status report is automated and pulling them together into report format is manual). Performance monitoring and reporting is not centralized and consistent across Medicaid Enterprise. The Agency collects and reports on various matrices using predefined and ad hoc reporting methods. Coded programs, Microsoft Office, paper tools (i.e., list of survey questions that were asked), call reports that the contract monitoring group sends out, eHealth, Spectrum (both are part of the Computer Associates (CA) Unicenter suite), Segue, and manual monitoring utilizing various reporting in the MMIS are used to monitor the performance. Network monitoring, Exchange monitoring and Segue tools generates alerts and alarms when the value of a metric falls outside limits.

Dashboards are generated on RACF reports and Call center. Call center reports are generated on daily, weekly, bi-weekly, monthly, and quarterly; and RACF reports are generated on monthly basis and printed on paper. Tools used to generate the dashboard are CA Unicenter (Call center) and Vanguard (RACF reports)

Key to the Maturity Levels:

- ○ The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax
- ◔ The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats
- ● The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

Table 20 Performance Management MITA Maturity Matrix

MITA Technical Function and Description	Alabama Medicaid System	Maturity
P.1 – Performance Data Collection and Reporting		
Performance data collection and reporting technical area is focused on the methods and approach of the organization in collecting and reporting performance data. ◔ Collect and report using predefined and ad hoc reporting methods and currently defined performance metrics	**AMAES**	◔
	AMMIS	◔
	CAMELLIA II/My Alabama	◔
	TFQ	◔

MITA Technical Function and Description	Alabama Medicaid System	Maturity
● Define, implement, collect, and report using a set of business process–related performance metrics that conform to MITA-defined performance metrics Or Generate alerts and alarms when the value of a metric falls outside limits	**APS**	N/A
P.2 – Dashboard Generation		
Dashboard generation technical area is focused on the presentation of the performance information and the use of summary-level methods and approach of the organization in collecting and reporting performance data. ◐ Generate and display summary-level performance information (i.e., performance dashboards) ● Generate and display summary-level performance information (i.e., performance dashboards) within a State Medicaid Agency for all ITA-defined metrics Or Generate and display summary-level performance information (i.e., performance dashboards) from external sources (e.g., other States and agencies) within a State Medicaid Agency for all MITA-defined metrics	**AMAES**	◐
	AMMIS	○
	CAMELLIA II/My Alabama	◐
	TFQ	○
	APS	N/A

4.2.6 Security and Privacy

System access is allowed based on user-id and password and allows users to access function based on their sign-on (role based access). There is no "single sign-on" that covers all the systems, except Camellia II/My Alabama. In certain instances, the user needs to navigate through multiple functional systems to perform a single task. Except for Camellia II/My Alabama, public key infrastructure (PKI) is not used anywhere in the Enterprise to perform user authentication. There is no consistent way for an application to be authenticated by another system with which it must interact. In general, the access requirements identified in the business processes are defined within the data models, and implemented across the enterprise. A user is authenticated both at log-on and database level.

Cartridges sent to external entities are not encrypted. Data transmitted through Connect: Direct, FTP, and SOBRA transmission are not encrypted. The AMMIS Fiscal agent uses the SFTP to encrypt the files that are exchanged with other entities. Media tracking is used when Protected Health Information (PHI) is sending out. Compact Discs (CDs) are encrypted and protected, and cannot be opened without a password. Email encryption system encrypts the files sent via email.

The Alabama Medicaid Enterprise does not use any biometric measures for user authentication. The Local Area Network (LAN) is controlled by user Identifications (IDs)/passwords and the mainframe is secured using RACF. Card access is used in certain areas. User authentication via kiosks based on fingerprints and RSA SecureID tokens are not supported.

The intrusion detection tools are capable of detecting when an intrusion attempt has been made on the network and relays that information to the respective person. The data sent through the network are encrypted with an exception of local LAN, where it is point to point connection between the MMIS Fiscal agent & the Alabama Medicaid Agency. As a mean of physical measures, security badges, card keys, and/or intrusion detection devices like motion control cameras are used to monitor a physical breach of security. The equipments are stored in secured access area.

The logging and auditing is a mix of manual and automated process. All login (successful and failed logon) attempts and account lockouts in AMMIS, AMAES and TFQ are tracked automatically, and print a report on a daily basis. The Alabama Medicaid Enterprise has the capability to lock a user id if the logon attempt fails three times or more, with an exception of Camellia II/My Alabama. Camellia II/My Alabamais in the process to develop tracking mechanism that tracks all successful and failed logon's, and also track users logging in from different Internet Protocol (IP) addresses. Capabilities exist to access the history of user's activities like network and email activities, log file of on-line transactions per user and create reports; and other management functions.

The Alabama Medicaid Enterprise has procedural controls including training, positioning of computer monitors, and ensuring sensitive information is out of sight etc for the privacy and security of data, and it is HIPAA compliant. Not all areas have the ability to restrict or grant access down to the column/field level. In AMAES and TFQ, access to data elements based on defined access roles. Except Camellia II/My Alabama, access to sensitive information based on assigned roles and logon IDs.

Key to the Maturity Levels:

- ○ The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax
- ◔ The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats
- ● The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

Table 21 Security and Privacy MITA Maturity Matrix

MITA Technical Function and Description	Alabama Medicaid System	Maturity
S.1 – Authentication		
Authentication technical area is focused on the methods and approach to security access of the Medicaid Environment. ○ Access to MMIS system capabilities via logon ID and password ● User authentication using public key infrastructure in conformance with MITA-identified standards	**AMAES**	○
	AMMIS	○
	CAMELLIA II/My Alabama	◔
	TFQ	○
	APS	○
S.2 – Authentication Devices		
Authentication Devices technical area is focused on the equipment used to provide security to the MMIS system. ● Support for user authentication via kiosks based on fingerprints and delivery of results to authentication and authorization functions. Or Support for user authentication via Secure ID tokens and delivery of results to authentication and authorization functions. Or Support for user authentication via kiosks based on retinal scans and delivery of results to authentication and authorization functions	**AMAES**	○
	AMMIS	○
	CAMELLIA II/My Alabama	○
	TFQ	○
	APS	○
S.3 – Authorization and Access Control		
Authorization and Access Control technical area is focused on the ability to use roles for security access. ◔ User access to system resources depending on their role at sign-on	**AMAES**	◔
	AMMIS	◔
	CAMELLIA II/My Alabama	◔
	TFQ	◔

MITA Technical Function and Description	Alabama Medicaid System	Maturity
	APS	◉
S.4 – Intrusion Detection		
Intrusion detection technical area is focused on the ability of the organization to detect and control intrusion into secure systems.	AMAES	○
	AMMIS	○
	CAMELLIA II/My Alabama	○
	TFQ	○
	APS	○
S.5 – Logging and Auditing		
Logging and auditing technical area is focused on the approach of the organization to logging access attempts and their methods of auditing access. ○ Manual logging and analysis ◉ Access to the history of a user's activities and other management functions, including logon approvals and disapprovals and log search and playback	AMAES	○
	AMMIS	○
	CAMELLIA II/My Alabama	○
	TFQ	○
	APS	○
S.6 – Privacy		
Privacy technical area is focused on the approach of the organization to ensure privacy of information. ○ Procedural controls to ensure privacy of information ● Access restriction to data elements based on defined access roles	AMAES	○
	AMMIS	○
	CAMELLIA II/My Alabama	○
	TFQ	○
	APS	○

4.2.7 Flexibility – Adaptability and Extensibility

Most of the system and business process rules in the Alabama Medicaid Enterprise are hard coded in the program codes and tables, and changes to business rules requires programming changes. For the systems that are on the mainframe platform (e.g., AMAES, Beneficiary Earnings Data Exchange (BENDEX), SDS, State Verified Eligibility System (SVES), etc.), the business rules are primarily within the COBOL program and not in tables. However, in the NET

voucher request system, workflow documents are routed and processed through the workflow according to a rules engine

Both TFQ and AMMIS also have a rules engine (e.g., editing and auditing rules in the MMIS claims engine). A variety of methods are used to apply rules to systems. Business process rules are managed either by:

- Programmatically changing the hardcoded logic when the users specify policy changes and then request programming staff to change program as needed.
- Automated updates applied to rules engine based on the periodical review of the rules

By using the program log, change request, history of changes, or last update date, one would be able to see which rules were in production at any given time.

Most of the key transactions processing functions are in or dependent on legacy applications with business rules embedded in the coding. Extension to system functionality requires pervasive coding/coding changes, depending on the business need. In AMMIS, the system functionality can be added as modular, hard coded, parameter, or table driven depending on the functionality. Around twenty five percent of the operational extensions in AMMIS and TFQ are applied through systems lists and system parameters and the rest through configuration files, tables, hard coding, etc. Table driven functionality makes it easier to make changes. The majority of the interfaces in the Alabama Medicaid Enterprise are technology dependent. There are some off-line, desktop solutions which are not integrated to MMIS system (like siloed/standalone or home grown system (e.g., Project Tracking System, Tape Management, Motor Pool, HR, Comprehensive Recipient On-Line Collections (CROCS), APS (interfaces), Help Desk, MPS, PTS etc). The changes or extension to the system functionality is not localized.

No configuration management governance is applied across the Medicaid Enterprise. There are separate configuration management plans for AMAES, AMMIS, and TFQ. Configuration and reconfiguration of rules engine is a mix of manual and automated process. The majority of the configuration and reconfiguration of distributed applications requires extensive hard-coded changes across many software components and/or applications across the enterprise. Except TFQ, the introduction of new technology significantly affects the interfaces to applications. Reconfiguring the applications and functions usually requires coding changes with the associated requirements gathering, code development, testing and implementation.

The majority of components of the Alabama Medicaid Enterprise are tightly coupled, technology dependent, and cannot be introduced fairly easily. TFQ has interfaces that are defined in Web Service Definition Language (WSDL); Web services are created in AMAES and TFQ. In general, introduction of new technology is cumbersome due to the legacy mainframe environment and the distribution of information and data across multiple subsystems. The introduction of new technology is both a resource challenge and technology challenge.

Key to the Maturity Levels:

- ○ The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax
- ◔ The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats
- ● The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

Table 22 Flexibility - Adaptability and Extensibility MITA Maturity Matrix

MITA Technical Function and Description	Alabama Medicaid System	Alabama Medicaid Maturity
F.1 – Rules Driven Processing		
Rules driven processing technical area is focused on the methods the State uses to apply system and business process rules and their approach to management of those rules. ○ Manual application of rules (and consequent inconsistent decision making) ● Linking a defined set of rules into business processes or using applications executed with a Basic Rules Management System (often called a Rules Engine)	**AMAES**	○
	AMMIS	○
	CAMELLIA II/My Alabama	◔
	TFQ	○
	APS	○
F.2 – Extensibility		
Extensibility technical area is focused on the ability of the State to apply extensions to system functionality. ○ Extensions to system functionality that require pervasive coding changes ● Services with points at which to add extensions to existing functionality (changes highly localized)	**AMAES**	○
	AMMIS	○
	CAMELLIA II/My Alabama	○
	TFQ	○
	APS	○
F.3 – Automate Configuration and Reconfiguration Services		
Automate configuration and reconfiguration services technical area is focused on the State's approach to configuration management.	**AMAES**	◔
	AMMIS	◔

MITA Technical Function and Description	Alabama Medicaid System	Maturity
○ Configuration and reconfiguration of distributed application that typically requires extensive hard-coded changes across many software components and/or applications across the enterprise (and with significant disruption) ● Consistent distributed applications using common business change processes that coordinate between active components and ensure minimal disruption	**CAMELLIA II/My Alabama**	◔
	TFQ	◔
	APS	○
F.4 – Introduction of New Technology		
Introduction of new technology technical area is focused on the State's ability to introduce new technology and the affect that has on existing systems. ○ Technology-dependent interfaces to applications that can be significantly affected by the introduction of new technology ● Technology-neutral interfaces that localize and minimize the impact of the introduction of new technology (e.g., data abstraction in data management services to provide product neutral access to data based on metadata definitions)	**AMAES**	○
	AMMIS	○
	CAMELLIA II/My Alabama	N/A
	TFQ	◔
	APS	○

5 CONCLUSION: MOVING TOWARD THE TRANSITION PLAN

Throughout the course of the MITA project, the Alabama Medicaid Agency has had an unprecedented opportunity for self-reflection. Over 140 SMEs, including state Agency and contractor staff, participated in the MITA Business Process Sessions over the course of three months. SMEs provided valuable feedback on the pertinent details of how their business process(es) operated. Based on the assessment of SME input, it was determined that the Alabama Medicaid Business Processes operate at a MITA Maturity Level 1. There are a few instances, such as Operations Management where they are well positioned to meet Level 2. These results primarily stem from the existence of processes that are manual and paper-based, lack of enterprise-wide data standards, limited communication and coordination between agencies, and the need for an enterprise-wide technology strategy, including workflow and documentation management.

Currently, many systems within the Agency rely on legacy architecture. However, a few new technology projects (Camellia II/My Alabama) illustrate movement towards greater system flexibility, robustness, and MITA's recommended adoption of SOA. SOA capabilities should be one of the many considerations in the procurement of the new Recipient subsystem and future MMIS enhancements.

Manual processes and limited definition of an Enterprise Architecture (EA) have kept the Agency in the compliance mode. The Agency has also found it difficult to motivate its providers and its beneficiaries into changes that might benefit the Agency; e.g. using X12 transactions to automatically submit claims. This is not required by law making it difficult to enforce. The changing status of the healthcare environment will ultimately press heavily against strictly compliance-oriented business. New transactions, new Federal initiatives, State and Federal cost saving demands, and other external forces may impact how the Agency does business.

Furthermore, it may be advantageous to view the operations of the Agency from a more strategic vantage point to assure that all technical and policy changes continue to move the enterprise in a forward direction. For example, new systems or system functionality must be designed to work in concert with the existing system, but also with the flexibility to adapt for future needs. Along with these system changes, must come the policy changes and documentation that details how that change will happen and how it will impact the business operations of the Agency. Finally, each change must be fully tested by those who use it and must involve the required amount of training to assure that any innovation supplies a real advantage to the State users, the providers and the beneficiaries.

At this point, the Alabama MITA SS-A has been focused on determining the current status of Medicaid Business Processes, future goals for improvements, and identifying the gaps that need to be overcome. The continued prevalence of manual processes, compartmentalized operations, and lack of overall strategy hinder increasing business process automation and has kept Alabama Medicaid in the compliance mode for most business processes.

For all business processes, Alabama is currently at a MITA Maturity Level of 1. The State wants to progress to MITA Maturity Level 3 for most business processes, and is currently in the process of a reprocurement takeover with enhancements of its current MMIS. At this point, the identified enhancements will not facilitate achievement of Level 2.

The Transition Plan/Roadmap presented in Figure 12 is a high-level work plan that identifies key projects that are needed to enable the Alabama Medicaid Enterprise to address the Gaps that have been indentified between the As Is and the To Be states, and transitions the Medicaid Enterprise to an increased level of MITA Maturity. All of the projects on the To Be Roadmap are business process centric, and seek to advance Alabama up the MITA continuum. These projects will be presented to Executive Management for prioritization and a consensus on the project list obtained.

The To Be goals have been divided into three timeframes.

- MMIS Short Term – Those goals that will be addressed by the upcoming MMIS project
- BPR Near Term – Those objectives that will be addressed by the Business Process Re-engineering part of this overall project
- MITA Long Term – Those goals & objectives that move Alabama Medicaid along the MITA continuum over the next ten years.

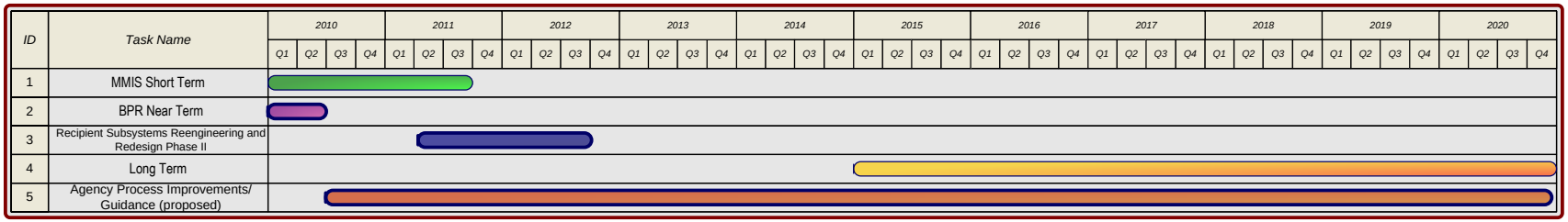
Appendix A identifies the To Be goals within these three timeline descriptions for each of the individual processes. These goals form the basis of the Roadmap projects. We expect that these projects will enhance the State's ability to improve efficiency and services for its stakeholders consistent with MITA principles. This Roadmap should be reviewed and updated periodically to review progress, as well as to update changes that will inevitably occur.

It is our understanding that the Agency plans to continue the re-engineering of business processes along the MITA continuum and will assume the ongoing maintenance of the MITA 2.01 SS-A after the current project is completed. It is strongly recommended that the Agency establish an internal process improvement effort that will provide the governance to establish the structure to identify, prioritize, control and implement the infinite number of ongoing improvement initiatives (MITA and otherwise) in a multi-year sustained effort modeling the new re-engineering process established within the BPR stages of this project. There is a bar on the Roadmap representing this continuous process improvement effort.

This Roadmap will continue to be defined with more detail added as decisions are made and projects implemented.

The following figure is the first version that will be elaborated once the enhancements that will be part of the BPR project have been identified. The time frames reflected in this version reflect the time frames specified for the MMIS reprocurement and the BPR project. The Long Term reflects the MITA approach of looking five to ten years into the future when specifying To Be goals.

Figure 12 Alabama Medicaid Roadmap



- MMIS Short Term

- BPR Near Term

- Recipient Subsystem Reengineering and Redesign Phase II

- Long Term

-Agency Process Improvements/Guidance (proposed)

APPENDIX A: MITA SS-A BUSINESS ASSESSMENT DETAILS

This section adds further detail to the Business Assessment results presented in Section 3. There is a table for each business area containing a separate table. The tables contain more detailed maturity statements for each business process. The As Is statement addresses the reasoning behind the assessed MITA Maturity Level. The three To Be statements address the To Be Maturity Level goals indicated by the session participants. As applicable, the statements are worded to reflect the gap in capabilities between the process as it is today, and the stated Maturity Level.

ME	Member Management MITA Maturity Assessment Table
ME01	**Determine Eligibility**
As Is	The process is currently at level 1. Applications are not standardized across programs and member data is not standardized within the Agency. Many points in the eligibility determination workflow are still manual and the capability to scan documents and associate them with applications is not available. Some eligibility determination business rules (i.e., validation) are automated and some determinations of eligibility steps are not.
MMIS Short Term	The maturity level of this process will remain at Level 1. **Note:** There is an opportunity to address, in the ITB for the AMMIS the future intention to standardized member information as part of the BPR project.
BPR Near Term	Implement all Level 2 capabilities and as many Level 3 capabilities as possible at the time of implementation by merging the different eligibility pathways into a single standard process through interagency agreements and automation without eliminating manual options for members to submit applications (not all members are adaptable to electronic mechanisms); standardizing member information within the Agency (recipient data in both State and vendor systems adheres to the same standards, standards to be developed as part of the BPR project); and automating as many process steps as possible: implementation of a single unified user interface for eligibility activities (transparency to the user regarding what system or file supports the activity); automated workflow and document management capabilities; automation of determination of eligibility business rules; and automation of validation activities to the extent possible through data matching with external entities (taking account that data exchange partners may not support a matching activity) and on-line access to data sources.
MITA Long Term	Implementing the process as a service utilizing MITA standards (as they become available) within the Agency and for data exchanges with external entities.

ME	Member Management MITA Maturity Assessment Table
ME02	**Enroll Member**
As Is	The process is currently at level 1. Applications are not standardized across Waiver programs; member information is not standardized within the Agency. Neither the AMAES nor the AMMIS are capable of supporting address of residence resulting in problems with completing the process. Business rules for processing Waiver (medical eligibility) applications are still manual the capability to scan documents and associate them with medical eligibility applications is not available. Some enrollment business rules (i.e., Patient First) are automated, some are not (i.e., Waiver applications).
MMIS Short Term	The maturity level of this process will remain at Level 1. **Note:** There is an opportunity to address, in the ITB for the MMIS, the future intention to standardized member information as part of the BPR project.
BPR Near Term	Implement all Level 2 capabilities and as many Level 3 capabilities as possible at the time of implementation by standardizing member information within the Agency (recipient data in both State and vendor systems adheres to the same standards, standards to be developed as part of the BPR project) including the capture of data not currently supported; automating as many process steps as possible; integration of enrollment steps into a single integrated eligibility determination/enrollment process wherever possible; implementation of a single unified user interface for enrollment activities (transparency to the user regarding what system or file supports the activity); automated workflow and document management capabilities; automation of waiver (medical eligibility) business rules.
MITA Long Term	Implementing the process as a service utilizing MITA standards (as they become available) within the Agency and for data exchanges with external entities.
ME03	**Disenroll Member**
As Is	The process is currently at level 1. While some coordination with other agencies is taking place, information is still siloed in different systems (e.g., AMAES, ALLKids). Member information is not standardized within the Agency. Disenrollments are a mix of automated and manual steps and many automated disenrollment steps are not operating correctly.
MMIS Short Term	The maturity level of this process will remain at Level 1. **Note:** There is an opportunity to address, in the ITB for the MMIS, the future intention to standardized member information as part of the BPR project.
BPR Near Term	Implement all Level 2 capabilities and as many Level 3 capabilities as possible at the time of implementation by standardizing member information within the Agency (recipient data in both State and vendor systems adheres to the same standards, standards to be developed as part of the BPR project); automating as many process steps (implement business rules) as possible, including those reliant on data in Sister Agency systems (e.g., DPH ALLKids system); implementation of a single unified user interface for disenrollment activities (transparency to the user regarding what system or file supports the activity).

ME	Member Management MITA Maturity Assessment Table
MITA Long Term	Implementing the process as a service utilizing MITA standards (as they become available) within the Agency and for data exchanges with external entities.
ME04	**Inquire Member Eligibility**
As Is	The current maturity level of the Inquire Member Eligibility business process is Level 1. There are two separate systems independently responding to 270 requests (AMAES and AMMIS). Information available to users does not equally support all programs; the information is not easily accessible for all programs; external stakeholders are not always confident that all request pathways return consistent information.
MMIS Short Term	No level change but improvements in the implementation of the 270/271 transaction.
BPR Near Term	Implement all Level 2 capabilities and as many Level 3 capabilities as possible at the time of implementation by standardizing member information within the Agency (recipient data in both State and vendor systems adheres to the same standards) to be developed as part of the BPR project; implementation of a single unified user interface for enrollment activities (transparency to the user regarding what system or file supports the activity); automated workflow and document management capabilities; automation of waiver (medical eligibility) business rules.
MITA Long Term	Implementing the process as a service utilizing MITA standards (as they become available) within the Agency and for data exchanges with external entities.
ME05	**Manage Application and Member Communication**
As Is	The current As Is maturity level for the Manage Applicant and Member Communication business process is Level 1. The Agency is “head of the curve” with their ability to format communications linguistically, culturally and competently. The Agency has implemented the use of some electronic communication. However, the Agency would like to move into other means of electronic communication with further use of the web-site, text messages, etc.
MMIS Short Term	No level change but improvements in the increased use of electronic communications.
BPR Near Term	Implement all Level 2 capabilities by increasing the use of electronic communication and creating the “Recipient Service Centers”.
MITA Long Term	Implementing the process as a service utilizing MITA standards (as they become available) within the Agency.

ME	Member Management MITA Maturity Assessment Table
ME06	**Manage Member Grievance and Appeal**
As Is	The maturity level for the Manage Member Grievance and Appeal business process is Level 1. The Agency's grievance and appeals process for Members works well. There is a low frequency of appeals which allows the process to remain manual without causing too many difficulties to the stakeholders. The points of pain revolve around the members ability to communicate the grievance or appeal with 800 number only working for the southern part of the US or the contact numbers for all state staff published on the website which can cause the member to go through multiple channels to get to the right area.
MMIS Short Term	The maturity level of this process will remain at Level 1
BPR Near Term	The near term maturity goal is Level 2 and can be reached by the Agency creating standard forms and data that can be used across all program areas. Along with the implementation of standardized forms, the Agency can move towards fully meeting level 2 capabilities by implementing a workflow management system.
MITA Long Term	The long term To Be maturity goal is Level 3. By implementing the electronic case file and a document management system, the Agency can move towards meeting Level 3 capabilities. The MITA standards have not been developed, but the Agency will move towards meeting Level 3 capabilities as these standards are developed.
ME07	**Manage Member Information**
As Is	The Manage Member Information business process maturity level is Level 1. The Agency remains at a Level 1 capability because updates are inconsistently tracked and received in various formats. The notifications for these updates are not sent to the users and processes on a regular basis. In addition, the member data within the system is fragmented.
MMIS Short Term	The maturity level of this process will remain at Level 1.
BPR Near Term	The BPR Near Term To Be Maturity goal is Level 2. This can be accomplished with improvements to the logging and tracking of updates, the implementation of unified data standards across all systems, implementation of a document management system and automatic archiving of changes to the member data store.
MITA Long Term	The long term maturity goal for the Agency is Level 3. Consolidation or federation of the current member data store and the implementation of the electronic member case file will allow the Agency to move towards the Level 3 maturity.
ME08	**Manage Population and Member Outreach**

ME	Member Management MITA Maturity Assessment Table
As Is	The As Is capability maturity for the Perform Population and Member Outreach business process is Level 1. The Agency has a maturity level 2 for many capabilities but remains at a Level 1 because the outreach materials are maintained manually and are labor intensive to develop as well as the lack of ability to target current and prospective members
MMIS Short Term	The maturity level of this process will remain at Level 1.
BPR Near Term	The BPR Near Term Maturity goal is to implement all Level 2 capabilities and as many Level 3 capabilities as possible by implementing a central repository for Outreach materials and leveraging information from Program Integrity, Quality Analysis, disease management, member eligibility, claims analysis and the Department of Public Health epidemiological data to target outreach needs.
MITA Long Term	The Agency will move towards Level 3 capabilities in the long term by the creation of Recipient Service Centers and creating and utilizing a member web-portal for distribution of outreach materials.

PM	Provider Management MITA Maturity Assessment Table
PM01	**PM01 Enroll Provider**
As Is	The As Is maturity level for the Enroll Provider business process is Level 1. The Agency remains at a Level 1 because of the manual validation and verification of application data.
MMIS Short Term	The maturity level of this process will remain at Level 1. The Agency does plan to do a provider re-enrollment in the near future.
BPR Near Term	The BPR Near Term Maturity goal is move towards being fully at a Level 2 maturity. The implementation of a document management and workflow management system and the provider web application will move the Agency towards a Level 2 maturity. Development of a standard provider application (one for all provider types) will also help the Agency move towards Level 2 maturity.
MITA Long Term	The Long Term maturity goal is Level 3 maturity with the implementation of MITA standards as they are developed.
PM02	**PM02 Disenroll Provider**
As Is	The As Is maturity level for the Disenroll Provider business process is Level 1. The process remains at a level 1 maturity because it is primarily manual and there is not a standard form for disenrollments. There is a standard set of information but no standard form. Process is manual; no standard form but a required set of data is needed to disenroll a provider.

PM	Provider Management MITA Maturity Assessment Table
MMIS Short Term	The MMIS short term maturity goal is to remain at a level 1.
BPR Near Term	The BPR near term maturity goal is to move towards being fully at Level 2 by the implementation of a document and workflow management system as well as development of an online enrollment/disenrollment form for providers.
MITA Long Term	The long term maturity level goal for the Agency is to move towards Level 3 maturity by implementing MITA standards as they are developed.
PM03	**PM03 Inquire Provider Information**
As Is	The as is maturity level for the Inquire Provider Information business process is Level 1. The Agency remains at a Level 1 because the process is manual, there is not a central presentation of information to the user (many screens/views to access information) and there is not an inquiry standard data set for the initial presentation of data.
MMIS Short Term	The MMIS Short Term goal for the Agency is to remain at a Level 1.
BPR Near Term	The BPR Near Term maturity goal for the Agency is to move towards Level 2 by developing a standard format for inquiries and implementing the provider web portal, which will allow the provider to update their own information. Provider information should also be available online for online inquiries. **Feedback from state indicates that interChange has real time updates
MITA Long Term	The Long Term maturity goal for the Agency is to move towards Level 3 by implementing MITA standards as they are developed.
PM04	**PM04 Manage Provider Communication**
As Is	The as is maturity level for the Manage Provider Communication business process is Level 1. The Agency remains at a Level 1 because the process is primarily manual and there are no Agency wide standards for communication.
MMIS Short Term	The MMIS Short Term maturity goal is to remain at Level 1. Improved USPS software will eliminate some returned mail.
BPR Near Term	The near term maturity goal is Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. While the scope of the BPR project does not address establishing business relationship capabilities, this process will be impacted by the intent to increase the use of EDI. If implemented, these improvements would bring the process into alignment with some Level 2 capabilities.

PM	Provider Management MITA Maturity Assessment Table
MITA Long Term	The Long Term maturity goal is to move towards Level 3 by implementing MITA standards as they are developed. To meet Level 3 capabilities, the Agency will also need to fully meet Level 2 capabilities which will include: ▪ Agency wide standards and automation of routine responses ▪ Increased use of provider web portal ▪ Improve in meeting linguistic, cultural and competency goals
PM05	**PM05 Manage Provider Grievance and Appeal**
As Is	The as is maturity level for the Manage Provider Grievance and Appeal business process is Level 1. The Agency remains at a Level 1 because of the manual nature of this business process as well as the lack of ability to scan documents into a case file.
MMIS Short Term	The MMIS short term maturity goal is to remain at a Level 1.
BPR Near Term	The BPR near term maturity goal is Level 2. The implementation of document, workflow and case management systems as well as a call tracking system will help the Agency meet some Level 2 capabilities.
MITA Long Term	The long term maturity goal is to move towards Level 3 by implementing MITA standards as they become available.
PM06	**PM06 Manage Provider Information**
As Is	The as is maturity level for the Manage Provider Information business process is Level 1. The Agency remains at a Level 1 maturity level due to the manual verification, validation, and update of information.
MMIS Short Term	The MMIS Short Term maturity goal is to remain at Level 1. The implementation of a provider web portal where providers can update or change their information will help them meet some Level 2 capabilities.
BPR Near Term	The BPR Near Term maturity goal is Level 1. The addition of work flow management and document imaging will improve the efficiency of the process. The improved interfaces and data exchanges will increase access to information and provide greater access to information.
MITA Long Term	The Long Term maturity goal is to move toward Level 3 maturity by implementing MITA standards as they are developed.

PM	Provider Management MITA Maturity Assessment Table
PM07	**PM07 Perform Provider Outreach**
As Is	The as is maturity level for the Perform Provider Outreach business process is Level 1. The Agency remains at a Level 1 because of lack of data standards and the primarily manual process.
MMIS Short Term	The MMIS Short Term maturity goal is to remain at Level 1.
BPR Near Term	The BPR Near Term goal is to remain at Level 1. The business process can start moving towards meeting Level 2 capabilities by automating the process, adopting data standards and implementing document and workflow management systems and the ability to scan documents.
MITA Long Term	The Long Term maturity goal is to move towards Level 3 by implementing MITA standards as they are developed and fully implementing Web 2.0.

CO	Contractor Management MITA Maturity Assessment Table
CO01	**Produce Administrative or Health Services RFP**
As Is	The As Is maturity level for the Produce Administrative or Health Services RFP is Level 1. The Agency remains at a level 1 because of the lack of tools to structure and capture the RFP requirements and the lack of version control in the shared workspace.
MMIS Short Term	The maturity level of this process will remain at Level 1. Although version control is expected to be introduced through Increased use of the Share Point web portal.
BPR Near Term	The maturity level goal is Level 2, through the implementation of a workflow management tool and tools that supports structured capture of RFP requirements.
MITA Long Term	The long term maturity goal is to move towards Level 3 by adopting MITA standards as they are developed.
CO02	**Award Administrative or Health Services Contract**
As Is	The As Is maturity level for the Agency is Level 1. The Agency is a Level 1 maturity because of the inability to accept proposals electronically (State Procurement Office); validation, verification and assessment of proposal data remains

CO	Contractor Management MITA Maturity Assessment Table
	manual; and the lack of a centralized repository for proposal data as part of the process. The process requires several months to complete, some of which is due to approval requirements including entities outside the Medicaid Agency (e.g., Legislative Contract Review Committee).
MMIS Short Term	The maturity level of this process will remain at Level 1.
BPR Near Term	The maturity level of this process will remain at Level 1. The scope of the BPR project does not address electronic mechanisms to verify and validate proposal information. The Agency lacks control over improvements in the use of electronic mechanisms for the receipt of proposals because this capability resides with the State Procurement Office. However, the implementation of a central repository for proposal data by leveraging existing State system capabilities and the implementation of a workflow management system has potential overlap with improvements identified under the BPR project. If implemented, these improvements will move the process towards meeting Level 2 capabilities
MITA Long Term	The long term maturity goal is to move towards Level 3 by adopting MITA standards as they are developed and implementing the process as a service.
CO03	**Manage Administrative or Health Services Contract**
As Is	The As Is maturity level for the Agency is Level 1. The Agency is a Level 1 maturity because the Agency has no mechanism to centrally store or track contract management information, the unit that originated the contract performs monitoring activities and stores information within the unit, compilation of monitoring information is primarily manual. While the OGC provides a template for that provides consistent guidance, contract format and content regarding monitoring requirements is variable per the specifics of the individual contract.
MMIS Short Term	The maturity level of this process will remain at Level 1. The State is requesting dashboard reporting capabilities for the DSS that, provided the applicable data is loaded to the DSS, could include contract performance metrics that would give authorized users real-time information on contractor performance.
BPR Near Term	The maturity level of this process will remain at Level 1. The implementation of a central repository for contract monitoring information by leveraging existing State system capabilities and the implementation of a workflow management system has potential overlap with improvements identified under the BPR project. If implemented, these improvements will move the process towards meeting Level 2 capabilities.
MITA Long Term	The long term maturity goal is to move towards Level 3 by adopting MITA standards as they are developed, implementing the process as a service, full coordination among programs and agencies in relation to managing contracts, standardization of contract format and content regarding monitoring activities, and centralized automated tracking of contracts to the extent feasible.

CO	Contractor Management MITA Maturity Assessment Table
CO04	**Close-out Administrative or Health Services Contract**
As Is	The As Is maturity level for the Agency is Level 1. The Agency is a Level 1 maturity because it has no mechanism to centrally and electronically store or track contract information. While the OGC provides a template that provides consistent guidance, contract format and content regarding monitoring requirements is variable per the specifics of the individual contract.
MMIS Short Term	The maturity level of this process will remain at Level 1.
BPR Near Term	The near term maturity goal is Level 2. While the scope of the BPR project does not address contract close-out capabilities, the implementation of a central repository for contract information by leveraging existing State system capabilities and the implementation of a workflow management system and document management system has potential overlap with improvements identified under the BPR project. If implemented, along with increased standardization of contract format and content, and automation of close-out activities these improvements would bring the process into alignment with Level 2 capabilities.
MITA Long Term	The long term maturity goal is to move towards Level 3 by adopting MITA standards as they are developed, implementing the process as a service, full coordination among Agency programs and other agencies in relation to closing-out contracts, standardization of contract format, content and close out activities, centralized automated tracking of contracts to the extent feasible, and automation of all feasible close-out steps.
CO05	**Manage Contractor Information**
As Is	While not specifically stating this in the capabilities for this process, the capabilities for all other processes in the Manage Contractor Business Area all indicate that at Level 2, contractor information is centralized or centrally available. Within the Medicaid Enterprise, procurement is not currently a centralized, though it is beginning to be centrally coordinated, process. This includes the storage of contractor information. Much of it is stored manually by the individual units responsible for managing the contract. Contractor data also resides in the Medicaid Agency's Office of General Counsel, Purchasing, and Finance units, the APS system, and the State Purchasing and State Comptroller's Office systems. The majority of the information is *not* stored electronically and updates, including those to system maintained data must be applied manually.
MMIS Short Term	The process will remain at Level 1.
BPR Near Term	The near term maturity goal is Level 2. While the scope of the BPR project does not address management of contract information capabilities, the implementation of a central repository for contract information by leveraging existing State

CO	Contractor Management MITA Maturity Assessment Table
	system capabilities the implementation of a workflow management system and document management system has potential overlap with improvements identified under the BPR project. If implemented, along with increased standardization of contract format and content, centralization (or federation) of electronic contract information storage, and standard automated procedures for the update of contract information (to the extent feasible) these improvements would bring the process into alignment with Level 2 capabilities.
MITA Long Term	The long term maturity goal is level 3.Centralized (or federated), electronic storage and access of contractor information utilizing MITA standard interfaces, implemented as a service. Manual update of contractor data is the exception.
CO06	**Manage Contractor Communication**
As Is	The As Is maturity level for the Manage Contractor Communication business process is Level 1. The Agency remains at a level because of the lack of Agency-wide communication standards and the primarily manual process.
MMIS Short Term	The maturity level will remain at Level 1. The Agency does meet legal and contractual obligations in their communications with contractors and does have formalized processes for communication in certain instances.
BPR Near Term	The maturity will remain at Level 1 but moving towards Level 2 with the implementation of electronic mechanisms for communication. This would allow for more visibility of communications that affect other entities.
MITA Long Term	The long term maturity level goal would remain at Level 2. The Agency feels that complete automation of communication with contractors would not be beneficial.
CO07	**Perform Contractor Outreach**
As Is	The as is maturity level for Perform Contractor Outreach is Level 1. The Agency does not keep a log of the outreach materials that are distributed.
MMIS Short Term	The Agency will remain at a maturity Level 1. Email distribution lists and web-sites target specific contractors regarding upcoming ITBs and RFPs.
BPR Near Term	The near term As Is maturity goal is to move towards becoming fully at Level 2 with the implementation of electronic mechanisms for tracking/logging, storage, etc. of outreach materials.
MITA Long Term	The long term maturity goal is to move towards Level 3 by adopting MITA standards as they are developed.
CO08	**Support Contractor Grievance and Appeal**
As Is	The As Is maturity level for the Support Contractor Grievance and Appeal business process is Level 1. The Agency

CO	Contractor Management MITA Maturity Assessment Table
	remains at a level 1 because the process is paper based and manual.
MMIS Short Term	The Agency will remain at a maturity Level 1. Stakeholders are satisfied because priority is given to complaints to resolve quickly. The Agency does not feel that automation of steps will not improve the process because there are so few grievance and appeal cases.
BPR Near Term	The near term As Is maturity goal is to move towards becoming fully at Level 2 with the implementation of a contract management system which will include the ability to scan documents and store grievance and appeal cases in a central location.
MITA Long Term	The long term maturity goal is to move towards Level 3 by adopting MITA standards as they are developed.
CO09	**Inquire Contractor Information**
As Is	The As Is maturity level for the Inquire Contractor Information business process is Level 1. The Agency remains at a Level 1 due to the manual process and the Agency's lack of tracking/logging mechanism and web portal.
MMIS Short Term	The Agency will remain at a maturity Level 1. Contract information is stored on the Q drive which acts a central repository for contract information.
BPR Near Term	The near term As Is maturity goal is to move towards becoming fully at Level 2 with the implementation of a contract management system which can act as central repository of contract information and provide the ability to log and track inquiries into contract information.
MITA Long Term	The long term maturity goal is to move towards Level 3 by adopting MITA standards as they are developed.

OM	Operations Management MITA Maturity Assessment Table
OM01	**Authorize Referral**
As Is	The Alabama Medicaid Agency does participate in the referral process but the referrals do not need to be approved for payment as the MITA business process is defined.
MMIS Short Term	N/A

OM	Operations Management MITA Maturity Assessment Table
BPR Near Term	N/A
MITA Long Term	The Long Term maturity goal for the Authorize Referral business process is Level 3 by implementing MITA standards as they become available. Should the Agency decide to require that referrals be required for payment, they will need to implement Level 1 and Level 2 capabilities which will include: ▪ Authorize Referral is a mix of paper/phone/fax and EDI (by internet Web portals, email). Primary Care Provider uses an on-line form to authorize the referral. ▪ Access requires 1 or fewer hours ▪ Automation of the process and use of HIPAA standard data reduce some of the labor overhead. ▪ HIPAA standard transactions improve accuracy of data but the decision-making process may remain manual in some cases, leaving room for inconsistency.
OM02	**Authorize Service**
As Is	The As Is maturity level for the Authorize Service business process is Level 1. The Agency remains at a Level 1 maturity level because the process is primarily paper, phone or fax. The Agency has the ability to use X12 transactions but they are used infrequently.
MMIS Short Term	The MMIS Short Term maturity level goal is Level 2. OM02 Authorize Service is currently at Level 1 because the X12N 278 transaction, while it can be received, has not been implemented as a response transaction. 5010 includes a new version of the 278 and does require that it be implemented. Assuming that implementation will include the capability to return a response, this process has been assigned a To Be Maturity goal of Level 2. If this assumption is incorrect and the prior authorization process capabilities will not be improved are to remain much as they are today, without implementing the return of the 278 when the request is received via a 278, the maturity level should be changed to Level 1.
BPR Near Term	The BPR Near Term maturity goal is Level 2. The document imaging, work flow, and on-line reports will make the access to data much faster. A tracking system will log and track provider and recipient calls. The State is seeking to expand electronic transactions with efile and X12 transactions.
MITA Long Term	The Long Term maturity goal for the Authorize Service business process is Level 3 and can be achieved by implementing MITA standards as they become available.

OM	Operations Management MITA Maturity Assessment Table
OM03	**Authorize Treatment Plan**
As Is	The Alabama Medicaid Agency does participate in the treatment plan process but the treatment plans do not need to be approved for payment as the MITA business process is defined.
MMIS Short Term	N/A
BPR Near Term	N/A
MITA Long Term	The Long Term maturity goal for the Authorize Treatment Plan business process is Level 3 by implementing MITA standards as they become available. Should the Agency decide to require that approved treatment plans be required for payment, they will need to implement Level 1 and Level 2 capabilities which will include: • Automation of process • Use of HIPAA standard transactions (277/278, etc.) • Automated rule changes • Improved access to data
OM04	**Apply Attachment**
As Is	The As Is maturity level for the Apply Attachment business process is Level 1. The Agency remains at a Level 1 maturity because the Apply Attachment process is primarily manual and electronic attachments are not being accepted.
MMIS Short Term	The MMIS Short Term maturity goal is Level 1. The additional of barcode functionality will improve efficiency of attachment processing by automating the link to the original documents.
BPR Near Term	The BPR Near Term maturity goal is Level 2. The addition of work flow management and document imaging will improve the efficiency of the process (BP1). The improved interfaces and data exchanges (BP4) will increase access to information and provide greater access to information.
MITA Long Term	The Long Term maturity goal is Level 3. The full implementation of Health Information Exchange (HIE) will provide access to clinical information making some attachments unnecessary and greatly improve the accuracy and efficiency of the process. The Agency will also want to implement MITA standards as they are developed to move towards a Level 3 maturity.

OM	Operations Management MITA Maturity Assessment Table
OM05	**Apply Mass Adjustment**
As Is	The As Is maturity level for the Apply Mass Adjustment business process is Level 1. The Agency remains at a Level 1 because claims identified for mass adjustment are automated for retroactive rate adjustments and retroactive liability adjustments but all others are manual ad-hoc queries.
MMIS Short Term	The MMIS short term goal is to remain at a Level 1 as the current process meets State needs.
BPR Near Term	The BPR Near Term maturity goal is to remain at a Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. If implemented, these improvements would bring the process into alignment with Level 2 capabilities.
MITA Long Term	The Long Term maturity goal for the Apply Mass Adjustment business process is Level 3. To move towards a Level 3 maturity, the Agency will need to implement this process as a service and MITA standards as they are developed.
OM06	**Adjudicate and Price/Value Claim/Encounter**
As Is	The As Is maturity level for the Edit Claim/Encounter business process is Level 1. The Agency remains at a Level 1 because they do not currently process claims for any other sister Agency.
MMIS Short Term	The MMIS Short Term maturity goal for the Edit Claim/Encounter business process is to remain at Level 1. The participants in this business process indicated that there are no current plans to begin processing claims for other sister agencies. The implementation of online and real-time edits and audits creating more automation will also bring the process into alignment with Level 2 capabilities.
BPR Near Term	The BPR Near Term maturity goal is Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. If implemented, these improvements would bring the process into alignment with Level 2 capabilities.
MITA Long Term	The Long Term maturity goal for the Edit Claim/Encounter business process is Level 3. To move towards a Level 3 maturity, the Agency will need to implement this process as a service and MITA standards as they are developed.
OM07	**Adjudicate and Price/Value Claim/Encounter**
As Is	The As Is maturity level for the Edit Claim/Encounter business process is Level 1. The Agency remains at a Level 1 because they do not currently process claims for any other sister Agency.

OM	Operations Management MITA Maturity Assessment Table
MMIS Short Term	The MMIS Short Term maturity goal for the Edit Claim/Encounter business process is to remain at Level 1. The participants in this business process indicated that there are no current plans to begin processing claims for other sister agencies. The implementation of online and real-time edits and audits creating more automation will also bring the process into alignment with Level 2 capabilities.
BPR Near Term	The BPR Near Term maturity goal is Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. If implemented, these improvements would bring the process into alignment with Level 2 capabilities.
MITA Long Term	The Long Term maturity goal for the Audit Claim/Encounter business process is Level 3. To move towards a Level 3 maturity, the Agency will need to implement this process as a service and MITA standards as they are developed.
OM08	**Adjudicate and Price/Value Claim/Encounter**
As Is	The As Is maturity level for the Price Claim/Value Encounter business process is Level 1. The Agency remains at a level one because it is a difficult and manual process to change rates in the system.
MMIS Short Term	The MMIS Short Term maturity goal is to remain at Level 1.
BPR Near Term	The BPR Near Term maturity goal is to remain at Level 1. The development of enterprise wide standards for this process would bring the process towards meeting some Level 2 capabilities.
MITA Long Term	The Long Term maturity goal for the Price Claim/Value Encounter business process is Level 3. To move towards a Level 3 maturity, the Agency will need to implement this process as a service and MITA standards as they are developed.
OM09	**Prepare Remittance Advice/Encounter Report**
As Is	The As Is maturity level for the Prepare Remittance Advice/Encounter Report business process is fully at Level 2. The Agency has processes in place for the electronic delivery of 835 transactions but the provider community is slow to adopt the use of these transactions. An electronic PDF version of the remittance advice is also available to all providers on the web portal.
MMIS Short Term	The MMIS short term maturity goal for this process is Level 2. The Agency is considering changing the default remittance to PDF to reduce the amount of paper remittances. The process is fully automated which meets some Level 3 capabilities.
BPR Near Term	The BPR Near Term maturity goal is Level 2. The Agency is considering changing the default remittance to PDF to reduce the amount of paper remittances.

OM	Operations Management MITA Maturity Assessment Table
MITA Long Term	The Long Term maturity goal is Level 3. The Prepare Remittance Advice/Encounter report process is already fully automated using HIPAA standards for transaction which meets some of the Level 3 capabilities. To become fully at Level 3, the Agency will need to implement this process as a service and MITA standards as they are developed.
OM10	**Prepare Provider EFT/Check**
As Is	The As Is maturity level for the Prepare Provider EFT/Check business process is Level 1. The Agency remains at a Level 1 because the process is manual and it requires more than a week to complete a cycle. The Agency does meet some Level 2 capabilities, for example, both EFT and paper checks are sent and they conform to HIPAA requirements.
MMIS Short Term	The MMIS Short Term maturity goal for the Prepare Provider EFT/Check is Level 1.
BPR Near Term	The BPR Near Term maturity goal is Level 1. The addition of dual controls for all financial processes should be implemented to reduce the risk of fraud from internal sources. Improvements are needed in the NET process to eliminate manual processes and improve timeliness and efficiency.
MITA Long Term	Long Term maturity goal is Level 3. Level 3 maturity can be met by implementing this process as a service and MITA standards as they are developed, which will increase efficiency, accuracy, and automation of the process.
OM11	**Prepare COB**
As Is	The Alabama Medicaid Agency currently does not participate in the Prepare COB business process.
MMIS Short Term	N/A
BPR Near Term	The Agency does not perform the Prepare COB business process to date. However, a BPR Near Term maturity goal of Level 2 is possible if the Agency would start by pursuing COB for cost avoidance with Blue Cross.
MITA Long Term	If the Agency begins to perform the Prepare COB business process, the Long Term maturity goal is Level 3. The Agency will need to implement MITA standards as they are developed as well as some Level 1 and Level 2 capabilities which include: ▪ Implement the use of HIPAA standard transactions for COB ▪ Automated the COB process

OM	Operations Management MITA Maturity Assessment Table
OM12	**Prepare REOMB**
As Is	The As Is maturity level for the REOMB business process is Level 1. The Agency remains at a Level 1 due to REOMBs not meeting the linguistic, culturally and competency capability statement.
MMIS Short Term	The Agency will remain at a Level 1 maturity.
BPR Near Term	The Agency will remain at Level 1 maturity.
MITA Long Term	The long term maturity level goal for the Agency is Level 3 by implementing MITA standards as they become available.
OM13	**Prepare Home and Community Based Services Payment**
As Is	The As Is maturity goal for the Prepare Home and Community Based Services business process is Level 2. The HCBS payment process has already been integrated into the existing MMIS processes and takes advantage of the efficiencies of electronic claim submission and electronic remittance advice. This process is a Level 2 maturity because the process takes longer than 60 seconds and MITA standards for this process have not been developed.
MMIS Short Term	The MMIS Short Term maturity goal is to remain at Level 2. The HCBS Payment process will benefit from the improvements such as real-time adjudication of claims, ASC X12 5010 implementation, and ICD-10 enhancements.
BPR Near Term	The BPR Near Term maturity goal is Level 2. The process is fully automated.
MITA Long Term	The Long Term maturity goal is Level 3. The Agency already meets many Level 3 capabilities but cannot be fully at Level 3 until they implement MITA standards when they are developed.
OM14	**Prepare Premium EFT/Check**
As Is	The As Is maturity level for the Prepare Premium EFT/Check business process is Level 1. The process is currently meeting the needs of the state with a primarily manual process due to the low volumes. The Agency remains at a Level 1 because of the manual aspect, member data not standardized and the lack of online access to data.
MMIS Short Term	The MMIS Short Term maturity goal is to remain at Level 1. Due to the low volume there is no need or plans to automate this process.
BPR Near Term	The BPR Near Term maturity goal is to remain at Level 1. Due to the low volume there is no need or plans to automate this process.

OM	Operations Management MITA Maturity Assessment Table
MITA Long Term	The Long Term maturity goal is Level 3. Prior to meeting Level 3, they will need to meet many Level 2 capabilities by taking advantage of the increasing use of EFT and standardized electronic transactions to increase the automation. To achieve Level 3 maturity, the Agency will need to implement MITA standards as they are developed.
OM15	**Prepare Capitation Premium Payment**
As Is	The As Is maturity level is Level 1 for the Prepare Capitation Premium Payment business process. The Agency remains at a Level 1 because provider and member information do not sync and it is a manual process.
MMIS Short Term	The MMIS Short Term maturity goal for the Prepare Capitation Premium Payment business process is Level 2. Modifying the system to process HIPAA EDI transactions in ASC X12 5010 should make the process more automated.
BPR Near Term	The BPR Near Term goal is Level 2. Adding the functionality of provider's updating or changing information to the provider web portal will solve some constraints listed for this process.
MITA Long Term	The Long Term maturity goal for this process is Level 3. Implementing MITA standards as they are developed will help the Agency meet many Level 3 capabilities.
OM16	**Prepare Health Insurance Premium Payment**
As Is	The As Is maturity level for the Prepare Health Insurance Premium Payment business process is at Level 1. The process remains at a Level 1 because entry, research and approval are manual. Payments are automatically generated but the output is paper.
MMIS Short Term	The MMIS Short Term maturity goal for this process is Level 1. The volume of HIPP payments is low and there isn't a need to move towards automation at this point.
BPR Near Term	The BPR Near Term maturity goal is Level 2. The implementation of document and workflow management systems and improvements to DSS will help meet Level 2 capabilities.
MITA Long Term	The Long Term maturity goal is Level 3. The implementation of this process as a service and MITA standards as they become available will meet Level 3 capabilities.
OM17	**Prepare Medicare Premium Payments**
As Is	The As Is maturity level for the Prepare Medicare Premium Payment business process is Level 1. The Agency remains at a Level 1 because the access to data is manual.
MMIS Short	The MMIS Short Term goal is to remain at Level 1 because the Agency has no plans to automate the access to data. The Agency will also remain at a Level 1 because CMS only sends the information needed for this process once a month. The

OM	Operations Management MITA Maturity Assessment Table
Term	Agency has the capability to run the payments daily but because of the file delay they do not meet all Level 2 capabilities.
BPR Near Term	The BPR Near Term maturity goal is to remain at Level 1 because the Agency has no plans to automate the access to data. The Agency will also remain at a Level 1 because CMS only sends the information needed for this process once a month. The Agency has the capability to run the payments daily but because of the file delay they do not meet all Level 2 capabilities.
MITA Long Term	The Long Term maturity goal is Level 3. The implementation of MITA standards as they are developed as well as full automation of the process with meet Level 3 capabilities.
OM18	**Inquire Payment Status**
As Is	The As Is maturity level for the Inquire Payment Status business process is Level 2. The Agency remains at a Level 2 because MITA standards have not been developed and the current process does have some manual aspects to it.
MMIS Short Term	The MMIS Short Term maturity goal is to remain at a Level 2. The stakeholders are satisfied with how the current process works. The Agency cannot meet many of the Level 3 capabilities because the MITA standards have not been defined.
BPR Near Term	The BPR Near Term maturity level goal is Level 2. Again, the Agency cannot meet Level 3 capabilities because the MITA standards have not been defined. However, the participants expressed a need for training and education of the provider community for increased use of the web portal.
MITA Long Term	The Long Term maturity level goal for the Inquire Payment Status business process is Level 3. Implementing this process as a business service and MITA standards as they are developed will meet Level 3 capabilities.
OM19	**Manage Payment Information**
As Is	The As Is maturity level for the Manage Payment Information business process is Level 1. The Agency remains at a Level 1 maturity because the internal payment history data is not centralized and coordinated or standardized. The Agency meets many Level 2 capabilities.
MMIS Short Term	The MMIS Short Term maturity goal is Level 1. Again, the Agency meets many Level 2 capabilities. At this time there are no plans to centralize or coordinate payment history data across agencies or to standardize this data.
BPR Near Term	The BPR Near Term maturity goal is to remain at Level 1. The Agency meets many Level 2 capabilities but at this time, there is no plan to centralize or coordinate payment history data across agencies or to standardize the data.

OM	Operations Management MITA Maturity Assessment Table
MITA Long Term	The Long Term maturity goal is Level 3. The implementation of MITA standards as they develop will meet many Level 3 capabilities.
OM21	**Prepare Member Premium Invoice**
As Is	The Alabama Medicaid Agency currently does not participate in the Prepare Member Premium Invoice business process.
MMIS Short Term	N/A
BPR Near Term	N/A
MITA Long Term	Should the Agency decide to participate in this business process in the future, the Long Term goal is Level 3. Prior to reaching a Level 3 maturity, they will need to meet many Level 1 and 2 capabilities which will include: • Accounting functions are primarily automated • Data standards are developed for invoicing • Invoices can be sent on a staggered monthly schedule allowing for options for distributions Once these capabilities are met, the Agency will need to implement MITA standards and fully automate this process to meet the Level 3 capabilities.
OM22	**Manage Drug Rebate**
As Is	The As Is maturity level for the Manage Drug Rebate business process is Level 2. The process is currently mostly automated and uses data from a variety of sources. The Agency cannot move beyond Level 2 maturity because the MITA standards have not been developed.
MMIS Short Term	The MMIS Short Term maturity level goal is Level 2. Increasing the use of EDI for transmission of invoices and receipt of payments via EFT will assist the Agency in beginning to meet some Level 3 capabilities.
BPR Near Term	The BPR Near Term maturity level goal is to remain at Level 2. The implementation of a document management system which includes the ability to scan documents.
MITA Long Term	The Long Term maturity goal is Level 3. The Agency can begin to meet Level 3 capabilities by implementing the business process as a service and MITA standards as they become available. Interfaces between the Agency and the drug manufacturers will also meet Level 3 capabilities.

OM	Operations Management MITA Maturity Assessment Table
OM23	**Manage Estate Recovery**
As Is	The As Is maturity level for the Manage Estate Recovery process is Level 1. The Agency remains at a Level due to the manual, paper based process and the lack of data standardization.
MMIS Short Term	The MMIS Short Term maturity goal is Level 1. There are no plans to automate the process or to develop standard data for this process.
BPR Near Term	The BPR Near Term maturity goal is Level 1. The implementation of document (including scanning capabilities) and workflow management system make the process more efficient and provide better access to data.
MITA Long Term	The Long Term maturity goal is Level 3. The Agency will need to implement some Level 2 capabilities in order to become Level 3. Those capabilities include: • Increased automation of the business process • Implement electronic interfaces • Adopt standardized data In order to be fully at Level 3, the Agency will also need to implement MITA standards as they become available.
OM24	**Manage Recoupment**
As Is	The As Is maturity level for the Manage Recoupment business process is Level 2. The Agency remains at a Level 2 because MITA standards have not been developed but also that some communication with providers is still manual and there is no overlapping of activities between departments.
MMIS Short Term	The MMIS Short Term maturity goal is Level 2. The Agency cannot move beyond Level 2 because MITA standards have not been developed.
BPR Near Term	The BPR Near Term maturity goal is Level 2. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. Again, the Agency cannot move beyond a Level 2 maturity because MITA standards have not been developed.
MITA Long Term	The Long Term maturity goal is Level 3. The implementation of MITA standards and the overlapping of activities between departments will bring the Agency into alignment with Level 3 capabilities.

OM	Operations Management MITA Maturity Assessment Table
OM25	**Manage Cost Settlement**
As Is	The As Is maturity level for the Manage Cost Settlement business process is Level 1. The Agency remains at a Level 1 maturity because there are no data interchanges, the timeliness of the process ranges from two weeks to two months due to lack of cooperation from providers and the lack of coordination with other processes.
MMIS Short Term	The MMIS Short Term maturity goal is to remain at Level 1. The implementation of 5010 standards for claim activity could increase the timeliness of this process.
BPR Near Term	The near term maturity goal is Level 1. The implementation o of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. The improved interfaces will allow for better access to data across the Agency and between systems.
MITA Long Term	The Long Term maturity goal is Level 3. The implementation of MITA standards as they are developed will help the Agency to align with Level 3 capabilities.
OM26	**Manage TPL Recovery**
As Is	The As Is maturity level for the Manage TPL Recovery business process is Level 1. The Agency remains at a Level 1 because data standards have not been implemented across the Agency.
MMIS Short Term	The MMIS Short Term maturity level goal is to remain at Level 1. At the current time, there are no plans to implement data standards.
BPR Near Term	The near term maturity goal is Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project.
MITA Long Term	The Long Term maturity goal is Level 3. The implementation of MITA standards as they are developed and an electronic interchange for communication will bring the process into alignment with Level 3 capabilities.

PG	Program Management MITA Maturity Assessment Table
PG01	**Designate Approved Service and Drug Formulary**
As Is	The As Is maturity level for the Designate Approved Services and Drug Formulary process is Level 2 due to the fact that decisions are still primarily based on fiscal impacts and regulatory requirements, development of communications with stakeholder, while supported by a centralized review process, is still distributed among Agency programs, and the information provided by the various entry points is not consistent. The process is also well positioned to meet Level 3 capabilities due to consistent, timely, and appropriate communication with process stakeholders, active support and enabling functionality for electronic access to information by stakeholders, and the use of some clinical data via analysis from the Consortium.
MMIS Short Term	The maturity level of this process will remain at Level 2. Electronic access to data for stakeholders will be improved through the capability for providers to access the drug list via the web. Additionally, the implementation of CCI edits will increase the use of EDI and enable further automation of the process.
BPR Near Term	The maturity level of this process will remain at Level 2. While the scope of the BPR project does not address approval of service and drug code capabilities, the implementation of a workflow management system can further automate communication within the Agency in relation to this process.
MITA Long Term	The long term maturity goal is Level 3 through the adoption of MITA standards as they are developed; implementing the process as a service; improving the access to accurate clinical data to support decision making that is primarily based on clinical data and health care outcomes; further coordination and centralization of stakeholder communication and the ability of stakeholders to access required information, regardless of their entry point into the enterprise.
PG02	**Develop and Maintain Benefit Package**
As Is	The As Is maturity level for the Designate Approved Services and Drug Formulary process is Level 2.
MMIS Short Term	The maturity level of this process will remain at Level 2.
BPR Near Term	The near term maturity goal is Level 3 as described in the v2.0 BCM for this process. Improvements to the AMAES system under the BPR project, will introduce for all programs flexibility within benefit packages, that enable choices among services and provider types that are available within the funding limits of all benefit packages for which the member is eligible.
MITA Long Term	The long term maturity goal is Level 3 through the adoption of MITA standards as they are developed and the implementation of the process as a service.

PG	Program Management MITA Maturity Assessment Table
PG03	**Manage Rate Setting**
As Is	The As Is maturity level for the Manage Rate Setting process is Level 1. Data is not standardized across the Agency, the manual nature of some process steps reduces the overall timeliness of the process, and, while for some rates, there is very good coordination among Agency units, other rates are set within individual units without interaction with other parts of the Agency.
MMIS Short Term	The maturity level of this process will remain at Level 1.
BPR Near Term	The near term maturity goal for this process is Level 2. While the scope of the BPR project does not address capabilities related to managing rate setting, the implementation of a workflow management system has potential overlap with improvements identified under the BPR project. If implemented, along with increased standardization of enterprise data, and increased automation of rate setting activities these improvements would bring the process into alignment with Level 2 capabilities.
MITA Long Term	The long term maturity goal is to take most of the process to level 3 through the automation of process steps to the extent feasible in a service oriented environment and implementation of MITA data and interface standards. However, the nature of rate setting for FQHC facilities will likely keep the overall process at level 2.
PG04	**Develop Agency Goals and Objectives**
As Is	The as is maturity level for the Develop Agency Goals and Objectives business process is Level 1. The Agency does meet many Level 2 capabilities but remains at a Level 1 because access to data is limited by inconsistent and untimely receipt of and updates to information. Data resident in other State agencies is hard to access and is not available in a format that allows analysis. In general, available data is difficult to manipulate for analysis
MMIS Short Term	The MMIS Short Term maturity level goal is Level 1. At the present time, there are no plans to coordinate data accessibility with other State agencies.
BPR Near Term	The near term maturity goal is Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project.
MITA Long Term	The Long Term maturity level goal for the Develop Agency Goals and Objectives business process is Level 3. The Agency can align with Level 3 capabilities by increasing automation, electronic data interchange, and implementation of MITA standards as they are developed. Note: Electronic data interchange is dependent upon agreement with other state agencies.

PG	Program Management MITA Maturity Assessment Table
PG05	**Develop and Maintain Program Policy**
As Is	The as is maturity level for the Develop Agency Goals and Objectives business process is Level 1. The Agency does meet some Level 2 capabilities but remains at a Level 1 because access to external data is limited.
MMIS Short Term	The as is maturity level for the Develop Agency Goals and Objectives business process is Level 1. The Agency does meet some Level 2 capabilities but remains at a Level 1 because access to external data is limited.
BPR Near Term	The BPR Near Term maturity level goal is to remain at Level 1. Full standardization of internal data is a goal for the near term, but this process relies on external data outside the control of the Agency.
MITA Long Term	The Long Term maturity level goal for the Develop Agency Goals and Objectives business process is Level 3. The Agency can align with Level 3 capabilities by increasing automation, electronic data interchange, and implementation of MITA standards as they are developed. Note: Electronic data interchange is dependent upon agreement with other state agencies.
PG06	**Maintain State Plan**
As Is	The as is maturity level for the Maintain State Plan business process sis Level 1. The Agency remains at a Level 1 because of the primarily manual process and the data to support impact analysis is not always available.
MMIS Short Term	The MMIS Short Term maturity goal is Level 1. There are no changes anticipated
BPR Near Term	The near term maturity goal is Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project.
MITA Long Term	The Long Term maturity goal for the Maintain State Plan business process is Level 3. The Agency can align with Level 3 capabilities by increasing automation, electronic data interchange, and implementation of MITA standards as they are developed.
PG07	**Formulate Budget**
As Is	The as is maturity level for the Formulate Budget business process is Level 1. The Agency remains at a Level 1 because of the manual process and the lack of predictive modeling tools. Attempts have been made to standardize the queries used by Program Managers for budget purposes but this effort is ongoing.

PG	Program Management MITA Maturity Assessment Table
MMIS Short Term	The MMIS Short Term maturity level goal is Level 1. There are no changes scheduled to occur that would benefit this process.
BPR Near Term	The near term maturity goal is Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. Full standardization of internal data is a goal for the near term.
MITA Long Term	The Long Term maturity level goal for the Formulate Budget business process is Level 3. The Agency can align with Level 3 capabilities by increasing automation, standardized COTS and predictive modeling tools, and implementation of MITA standards as they are developed.
PG08	**Manage FFP for MMIS**
As Is	The as is maturity level for the Manage FFP for MMIS business process is Level 1. The Agency remains at a Level 1 because the process is manual and data is not standardized or centralized.
MMIS Short Term	The MMIS Short Term maturity goal is Level 1. The Agency does not have any changes planned for this process.
BPR Near Term	The near term maturity goal is to remain at Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. Full standardization of internal data is a goal for the near term.
MITA Long Term	The Long Term maturity goal is Level 2. The Agency will need to standardize and centralize their data and increase automation in order to meet many Level 2 capabilities. At that time, they will be able to move towards a Level 3 maturity by implementing MITA standards as they are developed.
PG09	**Manage F-MAP**
As Is	The as is maturity level for the Manage FFP for MMIS business process is Level 1. The Agency remains at a Level 1 because the process is manual and data is not standardized or centralized.
MMIS Short Term	The MMIS Short Term maturity goal is Level 1. The Agency does not have any changes planned for this process.
BPR Near Term	The near term maturity goal is to remain at Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. Full standardization of internal data is a goal for the near term.

PG	Program Management MITA Maturity Assessment Table
MITA Long Term	The Long Term maturity goal is Level 2. The Agency will need to standardize and centralize their data and increase automation in order to meet many Level 2 capabilities. At that time, they will be able to move towards a Level 3 maturity by implementing MITA standards as they are developed.
PG10	**Manage State Funds**
As Is	The as is maturity level for the Manage State Funds business process is Level 1. The Agency remains at a level 1 because process is manual and the lack of data standardization.
MMIS Short Term	The MMIS Short Term maturity goal is to remain at Level 1 as there are no current plans to update this process.
BPR Near Term	The near term maturity goal is Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project.
MITA Long Term	The Long Term maturity level goal is Level 3. The implementation of MITA standards as they are developed will align the Agency with Level 3 capabilities.
PG11	**Manage 1099s**
As Is	The as is maturity level for the Manage 1099s business process is Level 2. The Agency remains at a Level 2 because the process uses a mix of paper and electronic interchanges.
MMIS Short Term	The as is maturity level for the Manage 1099s business process is Level 2. The Agency remains at a Level 2 because the process uses a mix of paper and electronic interchanges.
BPR Near Term	The BPR Near Term maturity goal is to remain at a Level 2.
MITA Long Term	The Long Term maturity goal is Level 3. There is a new financial system under construction that is expected to include: • The capability to transmit individual 1099s electronically (e-mail, vendor portal)? • The capability to reproduce a 1099 via a computer initiated request that automatically reprints the 1099 • Ability to capture Vendor data via a web portal – improve accuracy (on the State side) • Web portal mechanism for capturing information designed in such a way that the typical errors regarding 1099s would be greatly reduced. The implementation of this financial system will meet many Level 3 capabilities.

PG	Program Management MITA Maturity Assessment Table
PG12	**Generate Financial and Program Analysis/Report**
As Is	The as is maturity level for the Generate Financial and Program Analysis/Report business process is Level 1. The Agency remains at a Level 2 because data is uncoordinated or not standardized.
MMIS Short Term	The MMIS Short Term maturity goal is to remain at a Level 1. There are no plans to change the current process.
BPR Near Term	The near term maturity goal is Level 2. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. Full standardization of internal data is a goal for the near term.
MITA Long Term	The Long Term maturity goal is Level 3. The implementation of standardized data for automatic electronic interchanges will meet many Level 3 capabilities.
PG13	**Maintain Benefits/Reference Information**
As Is	The as is maturity level goal for the Maintain Benefit/Reference Information business process is Level 1. The Agency remains at a Level 1 because member and financial data is not standardized across the systems used for this business process.
MMIS Short Term	The MMIS Short Term maturity goal for the Maintain Benefit/Reference Information business process is to remain at Level 1.
BPR Near Term	The BPR Near Term maturity goal is to remain at Level 1. Full standardization of internal data is a goal for the near term.
MITA Long Term	The Long Term maturity level goal is Level 3. The Agency can align with Level 3 capabilities by implementing the process as a service and MITA standards as they are developed.
PG14	**Manage Program Information**
As Is	The as is maturity level for the Manage Program Information business process is Level 1. The Agency remains at a Level 1 because of the lack of standardized data and because there are still some manual aspects of the process. HIPAA transactions are used for incoming data but the data is then translated into local data requirements.
MMIS Short Term	The MMIS Short Term maturity goal is to remain at a Level 1.
BPR Near Term	The BPR Near Term maturity goal is Level 2. Full standardization of internal data is a goal for the near term.

PG	Program Management MITA Maturity Assessment Table
MITA Long Term	The Long Term maturity goal is Level 3. The implementation of MITA standards as they are developed and an increased access standardized data will meet many Level 3 capabilities.
PG15	**Perform Accounting Functions**
As Is	The as is maturity level for the Perform Accounting Function business process is Level 1. The Agency remains at a Level 1 maturity because data is not standardized and the process is a mix of manual and automated.
MMIS Short Term	The MMIS Short Term maturity goal is to remain at Level 1. However, the use of EFT for deposit of State funds with Fiscal Agent will meet some Level 2 capabilities.
BPR Near Term	The near term maturity goal is Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. Full standardization of internal data is a goal for the near term.
MITA Long Term	The Long Term maturity goal is Level 3. The implementation of MITA standards as they are developed and the increased automation of the process will meet many Level 3 capabilities.
PG16	**Develop and Manage Performance Measures and Reporting**
As Is	The as is maturity level for this process is Level 1. There is a low volume of activities that are carried out in coordination with other agencies, member and financial data is not standardized, and data exchange is primarily phone, paper, fax and email.
MMIS Short Term	The MMIS Short Term maturity goal is to remain at a Level 1 because there are no changes planned for this process.
BPR Near Term	The near term maturity goal is Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. Full standardization of internal data is a goal for the near term.
MITA Long Term	The Long Term maturity goal is Level 3. The Agency can meet many Level 3 capabilities by increased automation, implementing MITA Standards as they are developed and use of electronic interface as the primary mechanism of data exchange.
PG17	**Monitor Performance and Business Activity**
As Is	The as is maturity level for this process is Level 1. There is a low volume of activities that are carried out in coordination with other agencies and member and financial data is not standardized.

PG	Program Management MITA Maturity Assessment Table
MMIS Short Term	The MMIS Short Term maturity goal is to remain at a Level 1 because there are no changes planned for this process.
BPR Near Term	The near term maturity goal is Level 1. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. Full standardization of internal data is a goal for the near term.
MITA Long Term	The Long Term maturity goal is Level 3. The Agency can meet many Level 3 capabilities by increased automation, implementing MITA Standards as they are developed and use of electronic interface as the primary mechanism of data exchange.
PG18	**Draw and Report FFP**
As Is	The as is maturity level for the Draw and Report FFP business process is Level 1. The Agency remains at a Level 1 because of the manual nature of the business process.
MMIS Short Term	The MMIS Short Term maturity goal is to remain at a Level 1. The Agency has no current plans to change this process.
BPR Near Term	The BPR Near Term maturity goal is to remain at a Level 1. The Agency has no current plans to change this process. The implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project.
MITA Long Term	The Long Term maturity level goal is Level 3. The Agency can align with Level 3 capabilities by increasing automation, implementing the process as a service and implementing MITA standards as they are developed.
PG19	**Manage FFP for Services**
As Is	The as is maturity level for the Manage FFP for Services is Level 1. The Agency remains at a Level 1 maturity level because finance has no set of standards for how to report FFP related data for internal use.
MMIS Short Term	The MMIS Short Term Maturity goal is to remain at Level 1. There are no changes set to take place for this business process.
BPR Near Term	The BPR Near Term Maturity goal is to remain Level 1. There are no changes set to take place for this business process.
MITA Long Term	The Long Term maturity goal is Level 2. There are changes in the system supporting this process that would bring the process to level 2 is dependent on when the new State accounting system becomes available.

BR	Business Relationship Assessment Table
BR01	**BR01 Establish Business Relationship**
As Is	The As Is maturity level of the Establish Business Relationship process is at Level 1 due to the mostly manual process steps, lack of a centralized data store for agreements, and the siloed nature of the process (the different types of agreements tend to be established independently by different parts of the organization and familiarity with the different types is not universal). The process adheres to all State and Federal rules and regulations. The process is well positioned to move towards Level 2 capabilities because internal data standards and guidelines have been implemented and HIPAA standards for transactions are in use.
MMIS Short Term To Be	The maturity level of the Establish Business Relationship process will remain at Level 1.
BPR Near Term To Be	The near term maturity goal is Level 2. The implementation of a central repository for agreements by leveraging existing State system capabilities and the implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. While the scope of the BPR project does not address establishing business relationship capabilities, this process will be impacted by the intent to increase the use of EDI indicated as To Be goals for processes within the scope of the BPR. The implementation of a contract management system, identified as a To Be for this process, has also been identified as a To Be goal under the Contract Management Business Area. If implemented, these improvements would bring the process into alignment with Level 2 capabilities. The Camellia II project is also likely to impact this process both in regards to establishing specific agreements and setting precedent for how this process works within the Agency.
MITA Long Term To Be	The long term maturity goal for the Agency is Level 3 through the automation of all (or most) process steps, the adoption of MITA standards as they are developed, and implementing the process as a service. However, the ability to achieve this goal is highly dependent on the capabilities/needs/requirements of data exchange partners.

BR	Business Relationship Assessment Table
BR02	**BR02 Manage Business Relationship**
As Is	The As Is maturity level of the Manage Business Relationship process is at Level 1 due to the mostly manual process steps, lack of a centralized data store for agreements, and the siloed nature of the process (the different types of agreements tend to be established independently by different parts of the organization and familiarity with the different types is not universal). The process adheres to all State and Federal rules and regulations. The process is well positioned to move towards Level 2 capabilities because internal data standards and guidelines have been implemented and HIPAA standards for transactions are in use.
MMIS Short Term To Be	The maturity level of the Establish Business Relationship process will remain at Level 1.
BPR Near Term To Be	The near term maturity goal is Level 2. The implementation of a central repository for agreements by leveraging existing State system capabilities and the implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. While the scope of the BPR project does not address managing business relationship capabilities, this process will be impacted by the intent to increase the use of EDI indicated as To Be goals for processes within the scope of the BPR. The implementation of a contract management system, identified as a To Be for this process, has also been identified as a To Be goal under the Contract Management Business Area. If implemented, these improvements would bring the process into alignment with Level 2 capabilities. The Camellia II project is also likely to impact this process both in regards to managing specific agreements and setting precedent for how this process works within the Agency.
MITA Long Term To Be	The long term maturity goal for the Agency is Level 3 through the automation of all (or most) process steps, the adoption of MITA standards as they are developed, and implementing the process as a service. However, the ability to achieve this goal is highly dependent on the capabilities/needs/requirements of data exchange partners.
BR03	**BR03 Terminate Business Relationship**
As Is	The As Is maturity level of the Terminate Business Relationship process is at Level 1 due to a primarily manual processes and timeliness of the process.
MMIS Short Term To Be	The maturity level of the Manage Business Relationship Communication process will remain at Level 1.

BR	Business Relationship Assessment Table
BPR Near Term To Be	The near term maturity goal is Level 2 through increased standardization of termination procedures, increased automation of process steps, The implementation of a central repository for agreements by leveraging existing State system capabilities and the implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. While the scope of the BPR project does not address terminating business relationship capabilities, this process will be impacted by the intent to increase the use of EDI indicated as To Be goals for processes within the scope of the BPR. The implementation of a contract management system, identified as a To Be for this process, has also been identified as a To Be goal under the Contract Management Business Area. If implemented, these improvements would bring the process into alignment with Level 2 capabilities. The Camellia II project is also likely to impact this process both in regards to terminating specific agreements and setting precedent for how this process works within the Agency.
MITA Long Term To Be	The long term maturity goal for the Agency is Level 3 through the automation of all (or most) process steps, the adoption of MITA standards as they are developed, and implementing the process as a service including the use of Service Level Agreements. However, the ability to achieve this goal is highly dependent on the capabilities/needs/requirements of data exchange partners.
BR04	**BR04 Manage Business Relationship Communication**
As Is	The As Is maturity level of the Manage Business Relationship Communication process is at Level 1 due to the mostly manual process steps, lack of a centralized data store for agreements, and the siloed nature of the process (the different types of agreements tend to be established independently by different parts of the organization and familiarity with the different types is not universal). The process adheres to all State and Federal rules and regulations. The process is well positioned to move towards Level 2 capabilities because internal data standards and guidelines have been implemented and HIPAA standards for transactions are in use.
MMIS Short Term To Be	The maturity level of the Manage Business Relationship Communication process will remain at Level 1.

BR	Business Relationship Assessment Table
BPR Near Term To Be	The near term maturity goal is Level 2. The implementation of a central repository for agreements by leveraging existing State system capabilities and the implementation of a workflow management system and document management system to support this process has potential overlap with improvements identified under the BPR project. While the scope of the BPR project does not address managing business relationship communication capabilities, this process will be impacted by the intent to increase the use of EDI indicated as To Be goals for processes within the scope of the BPR. The implementation of a contract management system, identified as a To Be for this process, has also been identified as a To Be goal under the Contract Management Business Area. If implemented, these improvements would bring the process into alignment with Level 2 capabilities. The Camellia II project is also likely to impact this process both in regards to managing communication for specific agreements and setting precedent for how this process works within the Agency.
MITA Long Term To Be	The long term maturity goal for the Agency is Level 3 through the automation of all (or most) process steps, the adoption of MITA standards as they are developed, and implementing the process as a service. However, the ability to achieve this goal is highly dependent on the capabilities/needs/requirements of data exchange partners.

PI	Program Integrity MITA Maturity Assessment Table
PI01	**PI01 Identify Candidate Case**
As Is	The As Is maturity level for the process is Level 1. While the units responsible for this activity coordinate and do not duplicate efforts, data sources are not centralized: QC must use the AMAES, other areas use SUR and/or DSS, member data is not standardized across the Medicaid Enterprise, and much of the process is manual. Despite this User satisfaction and process accuracy is perceived to meet Level 2 capabilities.
MMIS Short Term To Be	The maturity level of this process will remain at Level 1. Note: In the short term, X12 5010 and the latest NCPDP version will be supported, and ICD-10 capabilities added. The changes will have a sizeable impact on this process.

PI	Program Integrity MITA Maturity Assessment Table
BPR Near Term To Be	The near term maturity goal is Level 2 through standardization of enterprise data (member data); centralization or federation of data sources; enhancement of parameters and access to parameters by stakeholders; increased use of electronic mechanisms of communication to obtain information; increased automation of business steps. The implementation of a combination of workflow management system, document management system, and case management system functionality which have been indicated as BPR Near Term To Be goals for other processes, if implemented would ensure that this process fully meets level 2 capabilities and positions it well for meeting Level 3 capabilities in the future.
MITA Long Term To Be	The long term maturity goal is Level 3 through adoption of MITA standards as they are developed; implementing the process as a service; automating most steps in the process including the use of automated parameters, pattern recognition, and other tools to identify qualified cases.
PI02	**PI02 Manage Case**
As Is	The As Is maturity level for the process is Level 1. While the units responsible for this activity coordinate and do not duplicate effort (cases), there are similar activities taking place in multiple parts of the organization that upon closer examination may offer opportunities to improve efficiency. Data sources are not centralized and much of the member data needed for this process is not available, electronically (e.g., case files), member data is not standardized across the Medicaid Enterprise, and much of the process is manual. Despite this User satisfaction and process accuracy is perceived to meet Level 2 capabilities.
MMIS Short Term To Be	The maturity level of this process will remain at Level 1.
BPR Near Term To Be	The near term maturity goal is Level 2 through standardization of enterprise data (member data); centralization or federation of data sources; increased use of electronic mechanisms of communication to obtain information; increased automation of business steps. The implementation of a combination of workflow management system, document management system, and case management system functionality which have been indicated as BPR Near Term To Be goals for other processes, if implemented would ensure that this process fully meets level 2 capabilities and positions it well for meeting Level 3 capabilities in the future.
MITA Long Term To Be	The long term maturity goal is Level 3 through adoption of MITA standards as they are developed; implementing the process as a service; automating most steps in the process including the use of electronic data exchange in all but exceptional cases that allows for real-time access to data (i.e., medical record) via a unified user access point.

CM	Care Management MITA Maturity Assessment Table
CM01	
As Is	The As Is maturity level for the Establish Case business process is Level 1. The ADPH has an electronic central repository for case files and are able to communicate with stakeholders in a various ways. The maturity level remains at a Level 1 because of the lack of some data sharing between the Alabama Medicaid Agency and ADPH.
MMIS Short Term	The MMIS Short Term maturity level is to remain at a Level 1.
BPR Near Term	The BPR Near Term maturity goal is to remain at a Level 2 but working towards an agreement between Alabama Medicaid and ADPH regarding shared data and system access (CCRS, etc.)
MITA Long Term	The Long Term maturity goal is Level 3 with implementing MITA standards as they become available.
CM02	
As Is	The As Is maturity Level for the Manage Case business process is Level 1. The ADPH does not have access to some patient/client information in the Medicaid system.
MMIS Short Term	The MMIS Short Term maturity level is to remain at a Level 1.
BPR Near Term	The BPR Near Term maturity goal is to remain at a Level 2 but working towards an agreement between Alabama Medicaid and ADPH regarding shared data and system access (CCRS, etc.) Universal log in for all systems.
MITA Long Term	The Long Term maturity goal is Level 3 with implementing MITA standards as they become available.
CM03	
As Is	The Agency's As Is maturity level for the Manage Medicaid Population Health business process is Level 1 due to the siloed and manual nature of the process.
MMIS Short Term	The Agency will remain at a maturity Level 1. Implementation of various communication methods for targeting the Medicaid population (Facebook, Twitter, text messages, etc.)
BPR Near Term	The near term As Is maturity goal is to adopt many of the Level 2 capabilities by working with the Department of Public Health and other agencies to expand QTool.

CM	Care Management MITA Maturity Assessment Table
MITA Long Term	The long term maturity goal is to move towards Level 3 by adopting MITA standards as they are developed.
CM04	
As Is	The Agency currently does not participate in the Manage Registry process.
MMIS Short Term	N/A
BPR Near Term	N/A
MITA Long Term	The Agency would like the ability to access the various registries.

APPENDIX B: LIST OF PARTICIPANTS

The content of this list was compiled from the attendance sheets that SMEs signed at each MITA session.

NAME	DIVISION/UNIT
Admetria Mason	Long Term Care Division
Anita Brown	Program Integrity
Ann Farmer	HP Enterprise Services
Ann Holloway	Finance
Anu Rajagopal	HP Enterprise Services
April Daniels	HP Enterprise Services
Aretha Woodson	Certification Support
Bakeba Thomas	Pharmacy Services
Barbara Jean Luther	Patient First
Betty Payne	Fiscal Agent Office
Bill Butler	Office of General Counsel
Brenda Zeigler	SUR
Carol Akin	Medical Services
Caroline Lilly	Information Systems
Cathy Brown	Fiscal Agent Office
Celeste Perez	Third Party Liability
Charlie Ferguson	Information Systems
Cheryl Werts	HP Enterprise Services
Chris Presley	HP Enterprise Services
Cindy Crockett	HP Enterprise Services
Clemice Hurst	Pharmacy Services
Connie Cherry	Patient First
Curt Rushing	HP Enterprise Services
Cynthia Dobyne	SUR
Debra Murphy	Information Systems
Denise Lacy	Information Systems

NAME	DIVISION/UNIT
Diane Hamilton	NET
Diane McCall	NET
Dorothy Powell	NET
Dr. Mary McIntyre	Medical Director
Dr. Robert Moon	Medical Director
Elizabeth Ball	Fiscal Agent Liaison Division
Gail Williams	Medical Services Division
Gladys Gray	Finance
Gloria Luster	Maternity Care
Gloria Wright	Patient First
Gretel Felton	Certification Support
Gwen Crenshaw	HP Enterprise Services
Heather Vega	Pharmacy Services
Iola Dow	Constituent Affairs
Jackie Holloway	Department of Human Resources
Jackie Thomas	Program Integrity
James Barnett	HP Enterprise Services
Jan Sticka	Pharmacy Services
Jane Bowman	Third Party Liability
Janice Beddingfield	HP Enterprise Services
Janice Miles	Third Party Liability
Jean Watson	HP Enterprise Services
Jennifer Sluis	HP Enterprise Services
Jerri Jackson	Medical Services
Joetta Evans	Patient First
John Evans	HP Enterprise Services
Karen Meyer	Provider Audit
Karen Wainwright	Finance
Kathy Hall	Provider Services

NAME	DIVISION/UNIT
Kathy Turner	Fiscal Agent Liaison Division
Kaye Melnick	EPSDT
Keith Boswell	Reimbursement
Keith Thompson	Third Party Liability/Medicaid Advantage
Kelli Littlejohn	Pharmacy Services
Kim Bath	Finance
Kim Davis-Allen	Together for Quality
Kirk Parker	HP Enterprise Services
Lamar Smith	HP Enterprise Services
Laquita Thrasher	HP Enterprise Services
LaTonya Jackson	Third Party Liability
Laura Powell	HP Enterprise Services
Laura Walcott	Third Party Liability/HIPP
Lee Maddox	Administrative Services
Lee Rawlinson	Beneficiary Services
Leigh Ann Hixon	Plan First
Linda Lackey	Office of General Counsel
Linda Stephens	Long Term Care Division
Lisa Anderson	HP Enterprise Services
Lisa Kurtti	HP Enterprise Services
Luann McQueen	Elderly & Disabled Division
Lynn Abrell	Drug Rebate
Marilyn Chappelle	Long Term Care Division
MaryAnn Fannin	Office of General Counsel Division
Mary Hasselwander	Office of Communications
Mary Timmerman	Medical Services
Mattie Jackson	Commissioner's Office
Melissa Hornsby	Department of Public Health

NAME	DIVISION/UNIT
Michael Kelley	Information Systems
Michael Lamb	Information Systems
Misti Nichols	HP Enterprise Services
Nancy Headley	Medical Services
Nell Larkin	Certification Support
Ozenia Patterson	Long Term Care Division
Paige Clark	Patient First
Paul Brannan	MMIS
Renee LaRosa	Software Engineering Services
Rhonda Bryant	Finance
Rhonda Hollan	Department of Public Health
Robert Lee	Certification Support
Robin Arrington	Long Term Care Division
Robin Rawls	Director of Communication
Rochelle Winters	SUR
Sally Hoveland	HP Enterprise Services
Sandra Johnson	Provider Audit
Sanquetta Holmes	Finance
Sarah Hataway	HP Enterprise Services
Sebrena Whiting	Fiscal Agent Liaison Division
Sharon Gipson-Harris	Long Term Care Division
Sharon Moore	Quality Improvement
Sharon Parker	Family Certification Division
Sharon Rhodes	Statistical Support
Sheila McDaniel	Medical Prior Authorizations
Stephanie Lindsay	Statistical Support
Subbu Padmanabhan	HP Enterprise Services
Susan Childers	Third Party Liability
Susan Jones	Fiscal Agent Liaison Division

NAME	DIVISION/UNIT
Susan Luckie	Information Systems
Sylisa Perryman	Quality Improvement
Teresa Pringle	Third Party Liability
Teresa Thomas	Prior Authorizations
Teresa Ward	HP Enterprise Services
Terrell Flowers	Information Systems
Terry Bryant	Finance
Theresa Carlos	Prior Authorizations
Theresa Richburg	Quality Improvement
Tiffany Minnifield	Pharmacy Services
Vickey Thomas	Administrative Services
Vicki Brant	Department of Public Health
Vicki Wilson	Certification Support
Vickie Diamond	Information Systems
Wanda Wright	Third Party Liability
Zeffie Smith	Third Party Liability

APPENDIX C: MITA TECHNICAL SURVEY

A blank copy of the survey can be found in separate file named Technical Assessment Survey submitted with this document.

APPENDIX D: MITA SS-A TECHNICAL ASSESSMENT DETAILS

This section adds further detail to the Technical Assessment results presented in section 4. The information addresses each technical function in a separate table. The tables are grouped within the seven Technical Areas.

The tables are divided into three sections:

- **MITA Technical Function Description –** This section contains a description of the function and maturity capability statements taken directly from the framework. A shaded circle precedes each capability statement. The circle indicates the general level of Technical Capability with which the statement is associated. There may not be a capability statement directly addressing each general level of Technical Capability. There may be more that one statement associated with a level of capability.
- **State Technical Function Description –** This section contains a description of the Alabama Medicaid technical function. The last sentence of this section lists the survey questions that provided the information used in creating the description.
- **State As Is Maturity Level –** This section addresses the As Is maturity assessment for each of the Alabama Medicaid's primary systems and projects. There is a separate maturity assessment and As Is description for each system/project. The shaded circle in the Maturity column indicates the level at which the system or project was assessed.

Note: The first section is not a key to the last section. FOX considers all three of the general levels of Technical Capability when assessing the systems and projects relative to a technical function, whether or not the framework content does so.

The key to understanding the symbols representing levels of Technical Capability is repeated at the beginning the section for Technical Area.

Business Enabling Services

The Business Enabling Services include the functionality necessary to support the common business activities of the Medicaid Program. These activities involve external interaction with Recipients and Providers, as well as internal activities involved with information management and decision-making.

Key to the Maturity Level symbols – Shaded circles that indicate the general level of Technical Capability:

○ The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax

◔ The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats

● The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

B.1 – Forms Management
MITA Technical Function Description
The Forms Management technical function focuses on the ability of an enterprise to receive data via a form. ○ Manual data entry on hardcopy forms ◉ Online data entry on electronic forms
State Technical Function Description
The data enters into the Alabama Medicaid through manual data entry on hardcopy forms, through online data entry, and through electronic forms. Many of the paper claims are scanned electronically. Electronic forms include Claims forms with HIPAA transactions. Paper format includes D.O. Application, SOBRA Application, FP Application, Claims, attachments, consent forms, PA forms, cash transaction forms, etc. Provider and recipient enrollment forms are also on paper. TFQ area has screens for the capture of medical professional notes on vitals, personal history, demographics, lab results, etc. Through the use of online user friendly forms, a provider is able to inquire on recipient eligibility, claim status, prior authorization requests and household inquiries. A provider is also able to enter and submit claims, including online voids and adjustments and prior authorization requests. However, Provider enrollment information cannot be entered directly on any online forms. The claims data that the Providers can enter directly via online is used in batch processing, not real-time. The State has not mandated data entry on electronic forms and still allows the submission of hardcopy forms. All claims, regardless of media, are translated into a common file structure for the AMMIS system. The file structure used is Extensible Markup Language (XML) format. Paper claims are acquired through the SunGard Workflow Solutions (formerly known as Recognition Research Incorporated – RRI) suite of products, and formatted into the XML data structures. Pharmacy claims are passed into the AMMIS system, and translated into the XML data structure. Claims submitted through the WEB Portal are transmitted to the AMMIS system directly in the required XML format. These processes support the entry of fee-for-service claims, encounter claims and claim adjustments. Submitted claim data is electronically captured and imaged for permanent storage in the Computer Output to Laser Disk (COLD) Storage and Retrieval component. For electronic claims, the AMMIS X12 translator accepts ASC X12 HIPAA-compliant claims, and formats them into the XML file structures recognized by the AMMIS system. In APS, users can create the vouchers through online screens. New Department codes can be entered into the Department code table, via an online data entry screen. If there are many number codes to be entered, APS seeks the help of Database Administrator (DBA). Creation of Personal Payment Vouchers (Salaries and vouchers) is a manual process. The Technical survey questions 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 & 20 have been identified as the source of this description.

B.1 – Forms Management		
State As Is Maturity Level		
System	**Maturity**	**As Is Description**
AMAES	○	The data enters into the Alabama Medicaid through manual data entry on hardcopy forms (e.g., Form 291 application, D.O. Application, SOBRA Application, FP Application etc) and online data entry through electronic forms (e.g., Web applications). 75% of the data entering into the AL Medicaid Enterprise are through electronic forms. Paper claims and other paper forms are scanned into the system. Paper forms like HCFA1500 and UB04 are scanned and processed on daily basis. There are forms available online which allow user to download and complete it manually. The web applications for Public Health and all CICS screens have front end error handling to avoid common mistakes. Paper forms are still maintained because State has not mandated electronic forms or they cannot be scanned in.
AMMIS	○	The data enters into the Alabama Medicaid through manual data entry on hardcopy forms (e.g., Claims, attachments, consent forms, PA forms, cash transaction forms, provider enrollment applications & updates, etc.) and online data entry through electronic forms (e.g.). Seventy-five percent of the data entering into the AL Medicaid Enterprise are through electronic forms. Paper claims and other paper forms are scanned into the system. Paper forms like Attachments, Consent Forms, Cash Transaction Forms, Provider Enrollment Application forms and updates are scanned and processed on daily basis. Claims, PA Forms are available on both online and paper format. There are forms available online which allow user to download and complete it manually. Provider Electronic Solutions software allows providers to use software to submit HIPAA transactions and this tool is capable to handle any front end error. The Claims submitted via the web portal is an example of forms that are direct data entered into the Medicaid enterprise. Paper forms are still maintained because signatures are required. Considering going for electronic signatures online.
CAMELLIA II/My Alabama	N/A	Not Applicable
TFQ	◐	There are screens for the capture of medical professional notes on vitals, personal history, demographics, lab results, etc. In order to avoid front end error/typing error, Procedures, Diagnosis etc codes are entered through look up tables. The QTool system can act as an EMR Light application.
APS	○	Manual data entry on online screens.

B.2 – Workflow Management

MITA Technical Function Description

The Workflow Management technical function focuses on the capabilities of an enterprise to route files and data to individuals and business processes.

- ○ Manual routing of hardcopy files to individuals involved in processing
- ◉ Electronic routing of files to business processes and individuals involved in processing. Responsible for processing completion and other individual and business processes.

State Technical Function Description

Alabama has some basic workflow using event tracking but this process is primarily manual. Some routing procedures for calls and emails are used, but these processes are also primarily manual. Workflow metrics are generally not captured for adopting workflow improvements. Camellia II is a citizen portal and application data capture system. Workflow is resulting from Camellia II is handled by each participating agency's back-end systems.

On the State side, they receive files daily from ADPH containing web and referral applications along with electronic signature information. This data is verified and uploaded onto ALLKids VSAM file. This batch program also assigns the regional coordinator based on the applicant's count of residence. Once this assignment is made, it shows up on a report as well as on a CICS screen for the regional coordinator to assign to a worker. Once the worker is assigned, it shows up on their CICS screen until the case is worked (when the application process pulls in the application data from the ALLKids VSAM file). Therefore, part of the workflow is automated and some parts require user intervention

Creation of vouchers and batches in APS are manual process. If there is an error in the Payment Voucher batch that is sent to Comptroller's office, APS will get a "Green slip" and the error needs to be fixed on the APS' end.

The Technical survey questions 21, 22, 23, 24, 25, 26, and 27 have been identified as the source of this description.

B.2 – Workflow Management		
State As Is Maturity		
System	**Maturity**	**As Is Description**
AMAES	○	The workflow management system is a mix of manual and electronic process and does not have the capability to electronically route files to Business or Individuals involved in the processes. SharePoint is used to electronically route the files to individuals. In general, manual processes are used to route files and work between processing steps. Common repositories and email are also used to route work (e.g., In Change control process; work is routed from developer to peer to supervisor to CM in QA and Operations). Email is used to let the DBA know the provider data is available for use in refreshing the data tables. There are some applications capable of generating some workflow tasks depending on certain conditions, which includes NET voucher request, Web application from public health, workflow generated by the member, etc.
AMMIS	○	In the Provider enrollment and data entry areas capability exists to electronically route files to Business or Individuals involved in the processes. Everywhere else it is a manual process. In general, manual processes are used to route files and work between processing steps. Common repositories and email are also used to route work (e.g., escalated calls are routed via email). Provider enrollment files are manually routed around during the enrollment process. There are some applications capable of generating some workflow tasks depending on certain conditions, which includes NET Voucher Requests, Faith Workflow – which is utilized for PE Application processing, RRI Workflow – which routes data entry through different steps, etc.
CAMELLIA II/My Alabama	N/A	There is no Workflow Management.
TFQ	N/A	There is no Workflow Management.
APS	○	The workflow management system is a mix of manual (i.e., manual submission of forms) and electronic processes (HP's check write).

B.3 – Business Process Management (BPM)

MITA Technical Function Description

The Business Process Management technical function focuses on the capabilities of an enterprise to manage their business processes.

- ○ Manual by the user
- ● Specification and management of business processes is in conformance with MITA BPM standards (e.g., Business Process Execution Language [BPEL])

State Technical Function Description

The business process is managed primarily through a combination of systems list and hard coded logic.
AMAES Triggers:
A Form103 work request by a user or when a customer fills out an application (DO, SOBRA or FED), Claims receipt, Provider enrollment application, Recipient enrollment application, Inquiries from various sources, application from member, phone call, email, written correspondence from member, receipt of claims-related data sets, request for ad-hoc report, receipt of SDX record from SSA for SSI cases, receipt of Form-8036 from SSA for SSI cases, receipt of "503 Lead" file from SDX SSA for D.O. cases, receipt of DHR record from DHR for DHR Aged, Blind, or Disabled Cases, Foster Care cases, or DYS cases, receipt of D.O. Application for DO Nursing Home, MSP (QMB, SLIMB, QI-1), Waiver programs, etc, receipt of SOBRA Application for SOBRA, MLIF, etc., referrals from DHR, referrals from Public Health for Breast and Cervical Cancer, receipt of applications from Public Health of ALLKids/Medicaid Application trigger a transaction/process.
AMMIS Triggers:
Member processes - feed from AMAES system is put into member data store & eligibility requests are serviced via AVRS, phone, and 270/271 transactions
Provider processes - HP enrolls providers from applications, stores information and answers inquiries. OM and PG processes are tied to receipt and payment of claims and encounters. BR processes are tied to Agency relationships with provider and entities with which the Agency wishes to share data.
TFQ Triggers:
EMR or Hospital initiates secure HL7 request to the QTool system, User Interface user kicks off a patient search in the application
There is no consistent way of managing the Business process across the enterprise. There is no central place or common repository that stores this information.

Some of the business rules in APS system (like wrong department codes) are hardcoded, and some of the business rules are not properly documented anywhere. State and agency has contract with HP to collect all bills and categories.

The Technical survey questions 3, 28, 29, 30, and 31 have been identified as the source of this description.

B.3 – Business Process Management (BPM)		
State As Is Maturity		
System	**Maturity**	**As Is Description**
AMAES	○	Configuration of Business process is a mix of manual and automated process (e.g., in Rules engine, depending on information entered, some parameters auto-populate; some manual configuration is required). NET voucher request system has a rules engine. Rules are maintained in the tables. The system is not capable of managing their business processes in an automated way (with no manual intervention). The BPM consist of combination of system lists and/or hard coded logic.
AMMIS	○	The BPM consist of combination of system lists and/or hard coded logic. Rules engine is used in the MMIS Claims engine for editing and auditing. Configuration of Business process is mainly manual. Many of the processes are capable of managing their business processes in an automated way (with no manual intervention). For example; claims processing, eligibility updating etc does not require manual intervention, while others (Provider Enrollment) does require some manual intervention.
CAMELLIA II/My Alabama	N/A	Not applicable
TFQ	N/A	Not applicable.
APS	○	Business process management is manual. The Business rules are not properly documented and rely on individual intervention.

B.4 – Business Relationship Management (BRM)

MITA Technical Function Description

The Business Relationship Management technical function focuses on the capabilities of an enterprise to manage their business relationships.

- ○ Manual (e.g., by attaching annotations to case files)
- ● Basic BRM, including tracking relationships between Medicaid system users (e.g., beneficiaries and providers) and the services they have requested and received

  Or

  Advanced BRM, which includes basic BRM plus analytics support and personalization capabilities

State Technical Function Description

The Alabama Business Relationship Management process is primarily a manual process. Business relationships with other agencies or users like (recipients and/or providers) are managed through an MOU. There is no central repository for executed data sharing agreements. There is a standardized process for reviewing, updating, or managing existing data sharing agreements. There is no automated tool to monitor ongoing business relationships.

In TFQ, business relationships with other entities are managed through a Business Partner agreement (e.g., BCBS). There is a technical agreement with EMR. However, the contractual agreements are monitored by the Medicaid Agency.

The Technical survey questions 32, 33, 34, 35, 36, 37, 38, 39, 40, and 41 have been identified as the source of this description.

B.4 – Business Relationship Management (BRM)		
State As Is Maturity		
System	**Maturity**	**As Is Description**
AMAES		The Business Relationship Management process is primarily a manual process. The relationships with recipients are managed through a manual process. The recipient requests are tracked. Privacy tracking system (PTS) are not automated and all updates occur manually. Recipient requests made through Case workers are tracked in CICS log files. This log file is used to train and to prepare monthly statistical information. As part of BRM following letters to the recipient are generated: Award letters, Termination Letters, Denial Letters (from CICS system), Annual Reviews, EPSDT monthly and annual letters (also known as October letter.), Privacy notices; eligibility concerns (retro Medicaid), continuous eligibility, exparte, etc. Fifty to seventy-five percent are hard printed and mailed, <25% are PDF'd and emailed and <25% are posted on website. Member outreach activities are handled through a combination of automated and manual processes (e.g., alert notices in SOBRA are automated, EPSDT monthly and annual letters are manually generated and mailed to recipients informing/reminding them of the program). Member outreach by member services is a mix of manual and automated process. Sends daily files to both ALLKids and Plan First containing recipients who were terminated or denied SOBRA, MLIF, or Plan First eligibility due to specified reasons; i.e., denial or termination codes captured at the time of denial or termination. The phone calls are routed to call units automatically based on automated queries in the call tree and responses made by the caller. The recipient phone line is automated (AVRS), but not all other phone lines are; Providers call into a provider hotline and line is automated (AVRS). In Provider call center, Provider information is automated so that it populates on the screen of the worker who receives the call. However, in the recipient call center the recipient has to provide (key in) their Medicaid ID number but it does not populate on the screen of the worker who receives the call; other specific information is also manually entered.

B.4 – Business Relationship Management (BRM)		
AMMIS	○	The Business Relationship Management process is primarily a manual process. In many cases the Business Relationship Management (BRM) process is capable of tracking relationships between Medicaid systems users and the services they have requested and received (e.g., calls, claims, etc. but not every encounter is tracked as a request/receipt combination…e.g., outgoing interfaces that are automatically generated. As part of BRM the following letters to the Providers are generated: Approval and Denial. One hundred percent of these letters are hard printed and mailed (working towards disseminating some of these letters through email). Most of the member outreach is done manually due to the nature of the request. Call center takes incoming inquiries, but there is no outgoing outreach. The phone calls are routed to call units automatically based on automated queries in the call tree and responses made by the caller.
CAMELLIA II/My Alabama	N/A	Not Applicable
TFQ	N/A	Not Applicable
APS	N/A	Not Applicable

B.5 – Foreign Language Support
MITA Technical Function Description
The Foreign Language Support technical function focuses on the State's capabilities to support foreign languages. ○ Manual translation of messages into supported foreign languages ● Foreign language translation support for real-time and offline interaction with beneficiaries in designated languages
State Technical Function Description
Supporting foreign languages is primarily a manual process. All systems operate using primarily the English language. However, 'Translate' utility tool in Microsoft Outlook and foreign speaking translator service (e.g., Open Communication) are also used as well. The Technical survey questions 42, 43, 44, 45, 46, 47, 48, and 49 have been identified as the source of this description.

B.5 – Foreign Language Support		
State As Is Maturity		
System	**Maturity**	**As Is Description**
AMAES	○	Supporting foreign languages is primarily a manual process. All systems operate using primarily the English language. Foreign language is supported in recipient communication, for both printed material and speaking. Other than English, Spanish is supported in printed materials and multiple languages through a translator service named Open Communications. Automated tools like Microsoft translator is used on written translation. By utilizing the translator service, recipient call center is capable of performing real-time translation with three parties (i.e., recipient, call center representative, and translator service representative) on the phone. Translator service is capable to support around 150 languages.
AMMIS	○	Supporting foreign languages is primarily a manual process. All systems operate primarily using English. Foreign language is supported in recipient communication, for both printed material and speaking. Translator services are provided on phone calls and on the website. Currently the MMIS fiscal agent has contracted with a translator service that can be used on a phone call. There is contractual requirement to have a specified number of Spanish-speaking employees. Currently there are no providers contracted with Medicaid that do not speak English. Website and individual offices have printed materials available in Spanish. No other language is supported on website and printed materials. Public Health has Audio Visual Application Assister (AVAA) kiosks that provide assistance for foreign language support; Language line has multiple common languages that are supported; AVR supports English and Spanish in the recipient call center; Eligibility system has hard copies of Spanish forms.
CAMELLIA II/My Alabama	**N/A**	This system operates primarily using English. No foreign languages are supported.

B.5 – Foreign Language Support		
TFQ	**N/A**	This system operates primarily using English. No foreign languages are supported.
APS	N/A	Not Applicable

B.6 – Decision Support

B.6.1 – Data Warehouse

MITA Technical Function Description

The Data Warehouse technical function is focused on the ability to extract, transform and load data from multiple databases into a data warehouse so that decision support functions can be accomplished.

- Extracting, transforming and loading data from multiple databases into a data warehouse that conforms with the MITA Logical Data Model

State Technical Function Description

Data is extracted from the MMIS and supporting systems by the MMIS Fiscal Agent and transferred to the DSS. The data sources are AMMIS Financial tables, Managed care tables, Recipient tables, Reference tables, Prior Authorization tables, EPSDT tables, Provider tables, TPL tables, AMAES and Net voucher data from the Agency, AMMIS Claims table. There is a weekly and bi-weekly extract, transform and load (ETL) process. The process has a mix of automated and manual activities and relies on static files to transfer data between systems (i.e., Drug rebate is quarterly, Profiler jobs on request, the rest is automated – just have to kick off the jobs). The Alabama Medicaid DSS does not support real-time or near real-time processing. Updates to the Medical Data Warehouse are performed primarily on a weekly and bi-weekly basis.

The data is stored in an Oracle RDBMS and is accessed through the Business Objects application. Within Business Objects, universes can be created by functional area. The universes are the data-models that show the relationships among the individual elements. Depending on the type of data, the data in the Data Warehouse will be appended or replaced (e.g., Claims data will be appended and Provider/Recipient data will be replaced). According to the contract five years worth of data is to be maintained in the Data Warehouse. Since the implementation of interChange, an infinite amount of data can be stored.

The bulk of the information is in DSS, but there are a number of other systems that contain Program Information and must be accessed separately: AMAES, APS, some MMIS data, electronic documents on the state network, manually maintained data such as recipient case files and contract information, etc.

There was an Agency Data Warehouse that was created by an outside contractor (Magentic), which is on hold and has yet to go into production. This includes only drug claims back to 1991 and all claims from 1997 forward.

The Technical survey questions 50, 51, 52, 53, 54, 55, 56, 57, and 58 have been identified as the source of this description.

State As Is Maturity

System	Maturity	As Is Description

B.6 – Decision Support		
B.6.1 – Data Warehouse		
AMAES	○	Files are generated through an automated system job. Significant activities are manually completed.
AMMIS	○	Files are generated through an automated system job. Significant activities are manually completed.
CAMELLIA II/My Alabama	N/A	Not Applicable
TFQ	N/A	Not Applicable
APS	N/A	Not Applicable

B.6.2 – Data Marts

MITA Technical Function Description

The Data Mart technical function is focused on the ability to import data into subsets of the data store to perform a specific purpose.

- ● Importing data into data marts that conform with the MITA Logical Data Model

State Technical Function Description

DSSProfiler, SUR, MAR, ETG, and Alabama specific Profiler are the Data Marts. These are dependent Data Marts and the schema used to design the Data Marts is Cube schema. These Data Marts are a physical subset of Data Warehouse. There is an independent Data Mart named QTool (provider entered database) in the TFQ area. This Data Mart is generally accessed by e-prescription and Physicians. The source of data which populate the QTool information screens are:

- Medicaid claims information
- Blue Cross claims information for those providers that have a contractual relationship with InfoSolutions – which is the Blue Cross version of QTool.
- Provider Entered- there is the ability for providers to enter some types of information such as in-office labs, vitals, personal history, etc. There is very little provider-entered information.

Other than that there are no other Data Marts in Alabama Medicaid Enterprise. Extraction to Data Marts is automated

The Technical survey questions 59, 60, 61, 62, 63, and 64 have been identified as the source of this description.

State As Is Maturity

System	Maturity	As Is Description
AMAES	N/A	Not Applicable

B.6.2 – Data Marts		
MITA Technical Function Description		
AMMIS	○	There are five Data Marts (i.e., DSSProfiler, SUR, MAR, ETG, and Alabama specific Profiler) and the extract transform and load process is automated.
CAMELLIA II/My Alabama	N/A	Not Applicable
TFQ	○	There is an independent Data Mart named QTool (Provider entered database) and the extract transform and load process is automated.
APS	N/A	Not Applicable

B.6.3 – Ad hoc Reporting

MITA Technical Function Description

The Ad hoc Reporting technical function is focused on the ability to create various reports from data within the Medicaid Enterprise.

- ○ Ad hoc reporting, typically using coded procedures
- ◉ Ad hoc reporting against databases using COTS tools

State Technical Function Description

Ad hoc reports are created against the DSS using a mix of both coded procedures and a COTS tool named Business Objects through which agency users can submit queries. Some reports created are statistical in nature. Other reports are for tracking workers transactions and for providing information needed for case management. The majority of the reports generated from the Account and Payable System (APS – which stores budget information and salary data) are ad hoc reports. Reports are generated with the help of programmers and a COTS tool named Crystal Reports. Canned reports are also annually generated from APS (APS receives data from the State Personnel system, HP interChange, Comptroller's system, and direct data entry by finance).

APS uses Crystal Reports against APS database. Canned reports like General Ledger reports are created on Crystal. In addition APS uses coded procedures to create ad hoc reports. They have a hard time with the Crystal and SQL servers because they do not communicate each other. APS uses EZtrieve Plus to create reports out of State Mainframe.

The Technical survey questions 70, 71, and 72 have been identified as the source of this description.

State As Is Maturity

System	Maturity	As Is Description
AMAES	○	Ad hoc reports are created using both coded procedures/SQL and COTS tool.
AMMIS	○	Ad hoc reports are created using both coded procedures/SQL and COTS tool.

CAMELLIA II	N/A	Not Applicable
TFQ	**N/A**	Not Applicable
APS	○	Ad hoc reports are created using both coded procedures/SQL and COTS tool.

B.6.4 – Data Mining

MITA Technical Function Description

The Data Mining technical function is focused on the ability to parse large volumes of data to detect patterns in usage.

- ○ Data mining to detect patterns in large volumes of data, typically using coded procedures
- ◉ Data mining to detect patterns in large volumes of data using COTS tools

State Technical Function Description

Data mining is not used to detect patterns in large volumes of data. The MMIS Fiscal agent made available the COTS tool named Statistical Package for the Social Sciences (SPSS) 9.0. However, it is currently not being utilized.

The Technical survey questions 65, 66, 67, and 68 have been identified as the source of this description.

State As Is Maturity

System	Maturity	As Is Description
AMAES	○	A COTS tool Statistical Package for the Social Sciences (SPSS) was purchased and loaded to two Agency machines, but it is not being utilized at this time.
AMMIS	○	A COTS tool Statistical Package for the Social Sciences (SPSS) was purchased and loaded to two Agency machines, but it is not being utilized at this time.
CAMELLIA II/My Alabama	N/A	Not Applicable
TFQ	N/A	Not Applicable
APS	N/A	Not Applicable

B.6.5 – Statistical Analysis

MITA Technical Function Description

The Statistical Analysis technical function is focused on the ability to perform statistical analysis of designated data (e.g., regression analysis).

- ○ Statistical analysis of designated data (e.g., regression analysis), typically using coded procedures
- ◉ Statistical analysis of designated data (e.g., regression analysis) using COTS tools

State Technical Function Description

The current Alabama Medicaid Enterprise use SURS and MARS to review data, analyze information, and produce reports. The request to run report against AMAES must be submitted in Form-103. If the Agency wishes to go against production MMIS data, a request must be submitted to the MMIS Fiscal agent. If data can be pulled from DSS, the Agency can submit via Business Objects. AMAES users cannot directly produce statistical reports. They must request the reports through IT or the DSS at HP.

The Technical survey questions 69, 70, 71, 72, 73, 74, and 75 have been identified as the source of this description.

State As Is Maturity

System	Maturity	As Is Description
AMAES	○	Coded procedures are used to run against AMAES files and produce many reports from AMAES and the Log File, which are related to Eligibility. No COTS products are used to perform statistical analysis.
AMMIS	○	Perform statistical analysis, review data, analyze information, and produce reports using SURS and MARS.
CAMELLIA II/My Alabama	N/A	Not Applicable
TFQ	N/A	Not Applicable
APS	N/A	Not Applicable

B.6.6 – Neural Network Tools

MITA Technical Function Description

The Neural Network Tools technical function is focused on the ability to perform data analysis using neural network (i.e., learning) tools.

- ○ None
- ◉ Analysis using neural network (e.g., learning) tools

State Technical Function Description

Alabama Medicaid Enterprise does not use any learning tool (neural network tools) nor utilize the services of third party (like Fair Isaac) to perform the neural network analysis.

The Technical survey questions 77, 78, 79, and 80 have been identified as the source of this description.

State As Is Maturity		
System	**Maturity**	**As Is Description**
AMAES	○	There is no neural network tool.
AMMIS	○	There is no neural network tool.
CAMELLIA II/My Alabama	○	There is no neural network tool.
TFQ	○	There is no neural network tool.
APS	○	There is no neural network tool.

ACCESS CHANNEL

Access Channels refers to how providers, beneficiaries, or other users are able to access Medicaid services or programs. This includes web portals, alphanumeric devices, etc.

Key to the Maturity Level symbols – shaded circles that indicate the general level of Technical Capability:

○ The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax

◔ The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats

● The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

A.1 – Portal Access
MITA Technical Function Description
The Portal Access technical function focuses on the method of access to the Medicaid business functions. ○ Beneficiary and provider access to appropriate Medicaid business functions via manual or alphanumeric devices ◔ Beneficiary and provider access to appropriate Medicaid business functions via portal with single online access point
State Technical Function Description
Recipients and Provider access to Alabama Medicaid is via a mix of manual, alphanumeric devices, and portal. Web alerts available on the public website, if the webpage changes. Users can access APS functions via Medicaid web portal and users can go either to APS Test region or Production region. There are no alphanumeric devices. The Technical survey questions 81, 82, 83, 84, 85, and 86 have been identified as the source of this description.

A.1 – Portal Access		
State As Is Maturity		
System	**Maturity**	**As Is Description**
AMAES	○	Recipients access the Alabama Medicaid functions via a mix of manual, alphanumeric devices, and portal (e.g., Recipients can turn in an application on-line, or via paper, face-to-face, FAX). Users can access through a single online access point. Provider access is mainly via portal. The MMIS Fiscal agent maintains a portal that some providers can access functions related to claims. All other processes that are not related to claims and eligibility (standard HIPAA transactions) are manual.
AMMIS	○	Recipient access is mostly a manual process (face-to-face). Recipients can access AVRS for access to data and entry into a call center. Provider access is via a mix of manual, alphanumeric devices, and portal (with single online access point).
CAMELLIA II/My Alabama	**N/A**	Not Applicable
TFQ	◐	Providers' access is via a Portal with single online access point. This portal is basically an HIE capable EMR system, not an MMIS system.
APS	○	Through Medicaid web portal, users can access APS functions. In addition APS allows manual submission of data.

A.2 – Support for Access Devices
MITA Technical Function Description
The Support for Access Devices technical function focuses on the type of devices supported to access Medicaid services. ○ Beneficiary and provider access to services via manual submissions, alphanumeric ("green screen") devices, or EDI ◐ Beneficiary and provider access to services via browser, Kiosk, voice response system or mobile phone ● Beneficiary and provider access to services online via PDA

A.2 – Support for Access Devices

State Technical Function Description

Recipients access the Medicaid function via a mix of manual submission, alpha numeric devices, voice response systems, browser, kiosk, etc. Provider access the Medicaid function via a mix of Manual submissions, Alphanumeric ("green screen") devices, voice response system, browser, and call center. Providers can access web portal for claims submission, claims lookup, eligibility. The Agency use PDAs mainly for e-mail.

APS allows submission of data via manual and through browser (Internet Explorer) and there are no alphanumeric devices.

The Technical survey questions 87, 88, 89, 90 and 91 have been identified as the source of this description.

State As Is Maturity

System	Maturity	As Is Description
AMAES	○	Recipients access the Medicaid function via a mix of manual submission, alpha numeric devices, voice response systems, browser, etc. The proportion for each device that Recipients use to access are as follows: Manual submissions - 25-50%, Browser - 25-50%, Voice response system - <25%. Recipients can access via kiosk, however it is very limited. The proportion for each device that Providers use to access are as follows: Manual submissions - 25-50%, Browser - 25-50%, Voice response system - <25%.
AMMIS	○	Recipients access the Medicaid function via a mix of Manual submissions, browser, voice response system, call center agents. The proportions for each device that Recipients use to access are as follows: Voice response system - 25-50%, Call center agents < 25. Recipient access the Medicaid functions via a mix of manual submissions, EDI, Browser, Voice response system, and call center agents. The proportions for each device that Providers use to access are as follows: Manual submissions - <25%, EDI - 75-100%, AVRS - <25%, Call center agents < 25.
CAMELLIA II/My Alabama	N/A	Not Applicable
TFQ	○	Provider access via EDI and Browser, Use the HL7 Data Exchange Standard for hospitals and EMRs.
APS	○	Accesses to services are via a mix of manual and browser. No AVRS or Kiosks or mobile phone.

I.0 – Interoperability Channels

This MITA Technical capability area addresses the ability for systems to share services. This area also focuses on the links necessary to connect several technical services together to create larger technical services and additional business services.

Key to the Maturity Level symbols – shaded circles that indicate the general level of Technical Capability:

○ The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax

◔ The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats

● The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

I.1 – Service Oriented Architecture
I.1.1 – Service Structuring and Invocation
MITA Technical Function Description
Service Structuring and Invocation is used to identify the services of the Medicaid Enterprise. It is focused on how the various services (i.e., system functions or modules) are defined and structured and how they are invoked. ○ Non-standardized definition and invocation of services ◔ Services support using architecture that does not comply with published MITA service interfaces and interface standards ● Services support using architecture that complies with published MITA service interfaces and interface standards Or Services support using a cross-enterprise services registry (to be verified)

I.1 – Service Oriented Architecture

I.1.1 – Service Structuring and Invocation

State Technical Function Description

The system functions or modules are defined, structured and invoked in a non-standardized way, with point-to- point interfaces. AMAES is mainframe, COBOL and 75-100% is defined using a non-standard approach. Less than 25% of interChange has some standards and the rest is non-standard approach. From a SOA standpoint, only certain areas like translator and front end are SOA compliant. Everything else is non-standard. However, <25% of the TFQ are non-standard. The web interactions and EDI transmissions in TFQ area are defined, structured and invoked in a standardized way.

The modules within AMAES are generally tightly coupled and rely on proprietary parameter passing to perform the necessary functions. Most software is written, not as a service, but for a specific purpose. However, some components like sub-routines, copy books, etc are reused for multiple purposes. There is no portability across platforms. However, in the mainframe environment, there are reusable sub-routines or called programs within in same environment.

The web application system (ALLKids ADI) is capable of receiving and processing other applications including Transunion, AVAA, and Plan First web applications. The DHR interface accepts files from both State Support and Foster Care. The file format is the same, but the source of the data is different.

Some of the data are defined in Extensible Markup Language (XML) schema (i.e., Claims entry goes thru translator into XML then into claims engine and then returns thru process). In addition Alabama Medicaid Enterprise uses proprietary, X12 and ascii text data formats too. From the Survey responses, only TFQ interfaces are defined in Web Service Description Language (WSDL).

APS data is stored in VSAM and RDBMS. The APS interfaces with the State Finance system, the Personnel Department and HP (through the State mainframe) and the interfaces are point- to-point. The data that APS receives is in delimited text format. APS and the Personnel system do not communicate with each other. In the creation of Personal Payment Vouchers (Salaries and vouchers), manual intervention is required to check whether or not the input files empty and to obtain the generation number of the Generation Data Group (GDG). If input file is not empty, they send an email to the DBA to physically run and create personal vouchers and the Accounts Department pays them.

The Technical survey questions 92, 93, 94, 95, 96, 97, and 98 have been identified as the source of this description.

State As Is Maturity

System	Maturity	As Is Description
AMAES	○	Almost everything is defined, structured and invoked in non-standardized way. Data is defined in XML, proprietary, X12, ascii text formats.
AMMIS	○	Only <25% are defined, structured and invoked in standardized way. Data is defined in XML, proprietary, X12, ascii text formats.
CAMELLIA II/My Alabama	N/A	Not Applicable

I.1 – Service Oriented Architecture		
I.1.1 – Service Structuring and Invocation		
TFQ	○	Majority is defined, structured and invoked in standardized way There is only <25% are defined, structured and invoked in non-standardized way. Data are defined in XML schema and interfaces defined in Web Service Description Language (WSDL).
APS	○	Everything is defined, structured and invoked in a non-standardized way. Data is defined in binary and text formats.

I.1.2 – Enterprise Service Bus

MITA Technical Function Description

Enterprise Service Bus focuses on the service layer that provides the capability for services to interoperate and be invoked as a chain of simple services that perform a more complex end-to-end process.

- ○ None or non-standardized application integration
- ◔ Reliable messaging, including guaranteed message delivery (without duplicates) and support for non-deliverable messages
- ● MITA compliant ESB
  Or
  MITA compliant ESB interoperable outside of State Medicaid agency

State Technical Function Description

The Alabama Medicaid Enterprise is capable of interoperating with other systems/applications and performing an end-to-end process. The Medicaid Enterprise is coupled using conventional common mainframe legacy integration standards, and has non-standardized application integration with lot of hard coding. The AMMIS Fiscal agent follows some internal standards. However an Enterprise Service Bus (ESB) is used in the TFQ.

The Technical survey questions 99, 100, 101, 102, 103, and 104 have been identified as the source of this description.

State As Is Maturity

System	Maturity	As Is Description
AMAES	○	AMAES does not currently use an ESB, Non-standard application integration, using point-to-point interfaces and lots of hard coding.
AMMIS	○	AMMIS does not currently use an ESB, The integration a mix of standard and non-standard methods. However the standards are not

I.1.2 – Enterprise Service Bus		
MITA Technical Function Description		
CAMELLIA II/My Alabama	N/A	Not Applicable
TFQ	●	Enterprise Service Bus is used to interoperate as a shared messaging layer for connecting applications and it guarantee delivery of messages.
APS	○	Non-standard application integration, using point-to-point interfaces and lots of hard coding.

I.1.3 – Orchestration and Composition

MITA Technical Function Description

Orchestration and Composition technical area focuses on the approach to the functionality within and across the Medicaid Management Information System (MMIS).

- ○ Non-standardized approach to orchestration and composition within and across the MMIS
- ● MITA standard approach to Orchestrating and Composing services

State Technical Function Description

From a Service Oriented Architecture (SOA) standpoint, there is no standardized approach to orchestration and composition within and across the Alabama Medicaid Enterprise. There are some internal standards within the AMAES system, but it is mainly non-standardized approach to orchestration and composition. In general, only certain processes have well defined and interactive functionality (e.g., the web portal on Fiscal agent side interacts with the translator to take the standard transactions, send them to the translator, pass the XML on to the claims engine and send response back through that path in an interactive way).

TFQ uses standardized approach like HL7 Continuity of Care Document (CCD). However, they receive Claims Post adjudication information in a non-standardized format from the MMIS Fiscal agent (ACS used to receive the same file that HID was receiving and in the same format. Later on, that changed, because ACS requested additional data other than what HID was receiving, so they receive a different file with a layout from HP, according to what they directed and needed).

Orchestration and composition in the APS system is through a non-standardized approach (i.e., during check write process, HP consolidates the information into 12 categories and creates a mainframe file. Someone in APS manually checks the availability of the mainframe file, runs SQL and converts the information to vouchers, APS staff manually verifies the data, and depending on fund availability, payment will be made to HP, and HP redistributes it to Providers).

The Technical survey question 105 has been identified as the source of this description.

I.1.3 – Orchestration and Composition		
State As Is Maturity		
System	**Maturity**	**As Is Description**
AMAES	○	Approach to orchestration and compositions are a mix of standard (internal) and non-standardize methods and do not use a MITA standard approach to orchestrate activities across the Medicaid Enterprise.
AMMIS	○	Approach to orchestration and a composition are a mix of standard (internal) and non-standard methods and do not use a MITA standard approach to orchestrate activities across the Medicaid Enterprise.
CAMELLIA II/My Alabama	N/A	Not Applicable
TFQ	○	Standardized approach to orchestration and composition.
APS	○	Non-standard approach to orchestration and composition within and across MMIS.

I.2 – Standards Based Data Exchange
MITA Technical Function Description
Standards based data exchange technical area focuses on the structure of data exchanged between systems and entities. ○ Ad hoc formats for data exchange ● Data exchange (internally and externally) using MITA Standards Or Data exchange (internally and externally) in conformance with MITA-defined semantic data Standards (ontology based)

I.2 – Standards Based Data Exchange

State Technical Function Description

Standard data extracts for external customers will be provided in fixed file formats. The Alabama Medicaid Enterprise supports HIPAA format, Pipe-delimited ASCII format, Comma delimited files, etc. Other extracts are in a format that is mutually agreed upon between the two parties. Data extracts formatted for external use is typically based upon the requested format of the requesting party (e.g., SSA, CMS, and IRS). EDI Transactions are in HIPAA/X12 format. TFQ mostly uses Pipe-delimited ASCII format, HL7 and X12 standards for data exchange. TFQ uses MITA and HL7 standards when exchange data with external agencies. Cartridges sent to external entities are not encrypted. Data transmitted through Connect: Direct, FTP, and SOBRA transmission are not encrypted. However, Tumbleweed (transmission to IRS) is encrypted and transmission to the bank is secured by sending it through VPN. The AMMIS Fiscal agent uses the SFTP to encrypt the files that are exchanged with other entities. AMAES and TFQ uses media tracking (e.g., use Tumbleweed) when Protected Health Information (PHI) is send out. Compact Discs (CDs) are encrypted and protected, and cannot be opened without a password. Email encryption system encrypts the files sent via email. TFQ and AMMIS have policy that requires the notebook computers must have encryption.

APS sends the data per the format required at the receiving end. Packed decimal data needs to be unpacked and sent.

The Technical survey questions 106, 107, 108, 109, 110, 111, 112, 113, 114, and 115 have been identified as the source of this description.

State As Is Maturity

System	Maturity	As Is Description
AMAES	○	Mostly proprietary data exchange standards are used.
AMMIS	○	Mostly proprietary data exchange standards are used. Incoming data in national standard is translated into proprietary format using the Sybase translator and store it in MMIS.
CAMELLIA II/My Alabama	N/A	Not Applicable
TFQ	○	Mostly proprietary data exchange standards are used.
APS	○	Proprietary data exchange standards are used.

I.3 – Integration of Legacy Systems

MITA Technical Function Description

Integration of legacy systems technical area focuses on the structure of the integration of systems within the MMIS.

- ○ Ad hoc, point-to-point approaches to systems integration
- ● Service-enabling legacy systems using MITA-standard service interfaces

The integration of components within the Alabama Medicaid Enterprise is mainly through an ad hoc, point-to-point (tightly coupled) integration. The interactive pieces with translator & web are loosely coupled and the batch is tightly coupled. There are some service-enabling technologies in AMAES, AMMIS, and TFQ areas (e.g., provider enrollment interacts with the web portal and a data table in the MMIS).

The Technical survey questions 104, 116, and 117 have been identified as the source of this description.

State As Is Maturity

System	Maturity	As Is Description
AMAES	○	Integration is point-to-point with each point individually developed to meet the need of the exchange.
AMMIS	○	Integration of systems is achieved via a mix of both tightly (ad hoc point-to-point) and loosely coupled approaches. Most integration is point-to-point with each point individually developed to meet the need of the exchange.
CAMELLIA II/My Alabama	N/A	Not Applicable
TFQ	○	Most integration is point-to-point with each point individually developed to meet the need of the exchange
APS	○	Ad hoc point-to-point integration based on the requirement on State side.

D.0 – Data Management and Data Sharing

Data management and Data sharing defines Medicaid-specific data and identifies Medicaid-specific data standards and vocabularies, with an emphasis on data structure, data taxonomy, and metadata standards development to describe data.

Key to the Maturity Level symbols – Shaded circles that indicate the general level of Technical Capability:

○ The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax

◔ The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats

● The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

D.1 – Data Exchange Across Multiple Organizations
MITA Technical Function Description
Data exchange across multiple organizations technical area is focused on data formats and methods of transmission or sharing between multiple organizations. ○ Manual data exchange between multiple organizations, sending data requests via telephone or email to data processing organizations and receiving requested data in nonstandard formats and in various media (e.g., paper) ◔ Electronic data exchange with multiple organizations via a MITA information hub using secure data in which the location and format are transparent to the user and the results are delivered in a defined style that meets the user's needs ● Electronic data exchange with multiple organizations via a MITA information hub that can perform advanced information monitoring and route alerts/alarms to communities of interest if the system detects unusual conditions
State Technical Function Description

D.1 – Data Exchange Across Multiple Organizations

The Alabama Medicaid Enterprise exchanges information in a number of ways. In many cases the exchanges happen electronically in standardized formats, but in other cases the process is completed manually with non-standardized data or exchanges.

With the current technology, Alabama Medicaid Enterprise is capable of exchanging and sharing information internally and with other State agencies, organizations, and enterprises (this is a representative list):

- CMS – through mainframe datasets/files with RACF security,
- DHR – through mainframe datasets/files with RACF security
- HMS – through FTP
- VIVA – through FTP
- Healthspring - through FTP
- IRS – FTP
- DPH – FTP, place files on mainframe to be picked up with appropriate RACF authority,
- DPS – FTP
- SSA – Connect:Direct
- PARIS – using CyberFusion
- AL Power – magnetic cartridge

In general, the Alabama Medicaid Enterprise exchanges data with multiple business partners via browser, GenTran (Browser-based Secure Mailbox), EDI, Fax, FTP/SFTP, cartridge, zipped CD/DVD, Connect:Direct, CyberFusion, email, and Tumbleweed Secure Data Transfer protocol, In addition data is manually exchanged with other entities (e.g., TRICARE, Hard copies of Form 291 with ALLKids, manual exchange between Medicaid and the MMIS etc). Sometimes the MMIS Fiscal agent receives data exchange request from the Medicaid Agency for other modes which are not specified above (e.g., spreadsheets).

In most cases, the data exchange is performed electronically. However, data is also exchanged manually with multiple organizations in non-standard formats (i.e., agreed between partners) and in various modes. There are few entities with which the Alabama Medicaid Enterprise exchanges data via a hub (e.g., AMAES exchange data with CMS and IRS via a hub and TFQ exchange data with a mix of hub and point-to-point interface). The behavior of most of the interfaces is a mix of both one-way and two-way, with interface characteristics such as real-time, batch, online, and asynchronous (e.g., Pharmacy transactions and eligibility verification is real-time; User interface for MMIS is on-line; most other processing is batch). Other State agencies like ADPH, DHR, Mental Health, Rehab, SSA etc access the Medicaid enterprise either through the network or extranet or direct access. Access to various applications is allowed through Active directory domain, RACF security, etc. There is collaboration on data sharing & interoperability between critical systems like SOBRA, FED, between connected hospitals/EMRs in TFQ area, AMAES, HID, BCBS, etc. The Chronic care Medicaid only program (Q4U) is interfaced with the RMEDE database which is a separate system from QTool. Information for Q4U is claims based. QX is web based and all information is input by an individual.

TFQ system capable of exchanging data internally with other State agencies and externally with hospitals, doctors' office and Blue Cross Blue Shield, and the mode of exchange is web service. TFQ is not interfaced with other State agencies. TFQ exchange data with Surescript (a national prescribing network) via a hub.

APS system is not directly connected to EDI. Purchase orders are still on paper.

The Technical survey questions 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, and 134 have been identified as the source of this description.

D.1 – Data Exchange Across Multiple Organizations		
State As Is Maturity		
System	**Maturity**	**As Is Description**
AMAES	○	Though some data exchanges are conducted electronically (e.g., EDI, Connect:Direct, CyberFusion, etc.), there are still numerous manual exchanges as well (e.g., phone, paper, fax etc).
AMMIS	○	Though most of the data exchanges are conducted via SFTP and Connect:Direct, there are still manual exchanges as well (e.g., paper, fax, etc).
CAMELLIA II/My Alabama	N/A	
TFQ	○	Though most of the data exchanges are conducted electronically, there are still some manual exchanges as well (e.g., faxed e-prescriptions).
APS	○	Though data exchanges are conducted via SFTP, there are still some manual exchanges (e.g., purchase orders are on paper).

D.2 – Adoption of Data Standards

MITA Technical Function Description

Adoption of data standards technical area is focused on the data standards the State has adopted in the Medicaid Environment.

- ○ No use of enterprise-wide data standards
- ◔ Data model that conforms to the MITA model and maps data exchanged with external organizations to this model
- ● Data model that conforms all shared data used by a State Medicaid agency's business processes to the MITA model

  Or

  Data model that conforms all shared data used by a State Medicaid agency's business processes to the MITA model and includes standards for clinical data and electronic health records

  Or

  Data model that conforms all shared data used by a State Medicaid agency's business processes to the MITA model and that includes national standards for clinical data and electronic health records and other public health and national standards

D.2 – Adoption of Data Standards		
State Technical Function Description		
The Alabama Medicaid Enterprise is currently using the American Dental Association (ADA), HL7, HIPAA 4010A1 standard and the NCPDP 5.1 standard. There are multiple proprietary formats being used for interfaces in both input and output modes (e.g., Crossover claims, State monthly claims file, much of MMIS files etc). In general, data standards are not uniform across the enterprise and data is stored in several places. The Technical survey questions 134 and 135 have been identified as the source of this description.		
State As Is Maturity		
AMAES	○	Not all data is standardized throughout the AMAES
AMMIS	○	Not all data is standardized throughout the MMIS. Much of the MMIS still utilizes proprietary standards.
CAMELLIA II/My Alabama	N/A	
TFQ	○	Data is standardized throughout the system.
APS	○	Proprietary data standards and formats are used.

P.0 – Performance Management

Performance Management creates standard policy and performance measurement capabilities by developing and publishing common measurement criteria, defining standard methods of data collection across MITA organizations, and developing standard report formats and utilities.

Key to the Maturity Level symbols – shaded circles that indicate the general level of Technical Capability:

○ The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax

◔ The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats

● The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

P.1 – Performance Data Collection and Reporting

MITA Technical Function Description

Performance data collection and reporting technical area is focused on the methods and approach of the organization in collecting and reporting performance data.

◔ Collect and report using predefined and ad hoc reporting methods and currently defined performance metrics

● Define, implement, collect, and report using a set of business process–related performance metrics that conform to MITA-defined performance metrics

Or

Generate alerts and alarms when the value of a metric falls outside limits

State Technical Function Description

AMAES collects and reports how many batch jobs were submitted thru CA7 and sums up how many where executed and how many were abended using predefined and ad hoc reporting methods and places on monthly report.

The areas that the performance is monitored:

- COLD system
- VPN lines
- Web portal
- System resource usage
- Servers
- System performance
- Job executes
- Operations processes
- Network
- Call Tracking

P.1 – Performance Data Collection and Reporting

- System performance
- Cisco equipment
- Wireless networks
- Email
- Network performance monitoring
- Workstations
- Call Tracking
- Claims processing averages

The metrics that were defined to monitor the performance are:

- Statistics on applications, members added, denied, births, deaths, positive & negative QC
- Job Executing log
- Contract requirements
- Monthly status report - Claims statistics, CSRs completed, calls taken, report of hours spent by HP, # of defects worked etc
- Eligibility management uses statistical reports such as MSRP997 to monitor worker transactions and caseload management.
- Run stats on DB2
- TFQ monitor transaction processing response time related to user interface

Performance monitoring and reporting is mostly a mix of manual and automated process (e.g., contract performance reports are manual and generation of monthly status report is automated and pulling them together into report format is manual). Performance monitoring and reporting is not centralized and consistent across Medicaid Enterprise. Tools used to monitor the performance are:

- Coded programs and Microsoft office
- Paper tools (i.e., list of survey questions that were asked) and call reports that the contract monitoring group sends out.
- eHealth, Spectrum (both are part of the CA Unicenter suite)
- Segue
- Manual monitoring utilizing various reporting in the MMIS

Network monitoring, Exchange monitoring and Segue tools generates alerts and alarms when the value of a metric falls outside limits.

APS does not perform any performance monitoring. Since the APS application resides on the State hardware, the State Information Systems monitor the performance of some general areas.

The Technical survey questions 136, 137, 138, 139, 140, 141, and 142 have been identified as the source of this description.

State As Is Maturity

System	Maturity	As Is Description
AMAES		Collects and reports on the number of batch jobs were submitted thru CA7 and sums up how many where executed and how many abended using predefined and ad hoc reporting methods and places on monthly report. Contract monitoring reports are also produced manually.

P.1 – Performance Data Collection and Reporting		
AMMIS	○	Monthly status report collects several performance metrics for the Agency. Generation of monthly status report is automated and pulling them together into report format is manual
CAMELLIA II/My Alabama	○	Collect and report using predefined and ad hoc reporting methods and currently defined performance metrics which includes: call tracking, Cisco equipment, Wireless networks, Servers, Web portal, System resource usage, System performance, email, Network performance monitoring, VPN lines, etc. Network Monitoring and Exchange Monitoring generate alerts and alarms when the value of a metric falls outside limits.
TFQ	○	Collect and report using predefined and ad hoc reporting methods and currently defined performance metrics which includes: servers, Web portal, System resource usage, Network performance monitoring, etc. Sequel tool generates alerts and alarms when the value of a metric falls outside limits.
APS	N/A	APS does not perform any performance data collection.

P.2 – Dashboard Generation
MITA Technical Function Description
Dashboard generation technical area is focused on the presentation of the performance information and the use of summary-level methods and approach of the organization in collecting and reporting performance data. ○ Generate and display summary-level performance information (i.e., performance dashboards) ● Generate and display summary-level performance information (i.e., performance dashboards) within a State Medicaid agency for all MITA-defined metrics Or Generate and display summary-level performance information (i.e., performance dashboards) from external sources (e.g., other States and agencies) within a State Medicaid agency for all MITA-defined metrics

P.2 – Dashboard Generation		
State Technical Function Description		
Dashboards are generated on RACF reports and Call Center. Call center reports are generated on daily, weekly, bi-weekly, monthly, and quarterly; and RACF reports are generated on monthly basis and printed on paper. Tools used to generate the dashboard are CA Unicenter (Call Center) and Vanguard (RACF reports) The Technical survey questions 143, 144, 145, 146, 147, and 148 have been identified as the source of this description.		
State As Is Maturity		
System	**Maturity**	**As Is Description**
AMAES	◉	Generate and display performance dashboards (RACF reports). Dashboards are printed on paper.
AMMIS	○	Performance dashboards are not generated.
CAMELLIA II/My Alabama	◉	Generate and display performance dashboards (Call center)
TFQ	○	Performance dashboards are not generated.
APS	○	Performance dashboards are not generated.

S.0 – Security and Privacy

Security and Privacy involves making sure all information contained within the State systems remains protected and confidential and is only accessible by those with proper authority. This involves electronic data as well as physical system components, such as server or building access.

Key to the Maturity Level symbols – shaded circles that indicate the general level of Technical Capability:

○ The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax

◔ The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats

● The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

S.1 – Authentication

MITA Technical Function Description

Authentication technical area is focused on the methods and approach to security access of the Medicaid Environment.

- ○ Access to MMIS system capabilities via logon ID and password
- ● User authentication using public key infrastructure in conformance with MITA-identified standards

State Technical Function Description

System access is allowed based on user-id and password and allows users to access function based on their sign-on (role based access). Mainframe is secured using Resource Access Control Facility (RACF) on AMAES and related files. There is no "single sign-on" that covers all the systems, except Camellia II. In certain instances, the user needs to navigate through multiple functional systems to perform a single task (e.g., in NET, user needs to go through eligibility verification, CICS system, two or three panels on MMIS to check on prior claims, FEITH COLD system, then create voucher request. The user needs to log on to each of these data bases to retrieve the information). Except Camellia II, public key infrastructure (PKI) is not used to perform user authentication. There is no consistent way for an application to be authenticated by another system with which it must interact (i.e., since the systems does not share security utility services, the outstation SOBRA workers need to sign into separate systems separately and workers cannot access them using one log-on and systems cannot be authenticated in a standard manner). In general, the access requirements identified in the business processes are defined within the data models, and implemented across the enterprise. A user is authenticated both at log-on and database level.

Only registered providers who have a high security level (known as clinical user) can input information in QTool. From the Agency perspective, there is not a restriction on who can have this level. The level of security is decided by the practice/provider who takes responsibility for the persons that are allowing

S.1 – Authentication

access to the system.

The Technical survey questions 126, 149, 150, 151, 152, 153, 154, 155, and 156 have been identified as the source of this description.

State As Is Maturity

System	Maturity	As Is Description
AMAES	○	Unique logon ID and password used. Role-based access. No single sign-on. Authenticate both at logon and database level.
AMMIS	○	Unique logon ID and password used. Role-based access. No single sign-on. Authenticate both at logon and database level.
CAMELLIA II/My Alabama	◔	Unique logon ID and password used. Role-based access. Authenticate both at logon and database level. Single sign-on and PKI are implemented.
TFQ	○	Unique logon ID and password used. Role-based access. No single sign-on. Authenticate both at logon and database level.
APS	○	Unique logon ID and password used. Based on users' access rights, the APS applications will become available to the user. Single sign-on.

S.2 – Authentication Devices

MITA Technical Function Description

Authentication Devices technical area is focused on the equipment used to provide security to the MMIS system.

- ● Support for user authentication via kiosks based on fingerprints and delivery of results to authentication and authorization functions.

  Or

  Support for user authentication via Secure ID tokens and delivery of results to authentication and authorization functions.

  Or

  Support for user authentication via kiosks based on retinal scans and delivery of results to authentication and authorization functions

S.2 – Authentication Devices

State Technical Function Description

The Alabama Medicaid Enterprise does not use any biometric measures for user authentication. The LAN is controlled by user IDs/passwords and the mainframe is secured using RACF. Logon ID and password are still used in all areas. Card access is used in certain areas. User authentication via kiosks based on fingerprints and RSA SecureID tokens are not supported.

The Technical survey questions 157, 158, and 159 have been identified as the source of this description.

State As Is Maturity

System	Maturity	As Is Description
AMAES	○	Secure access is primarily determined by building access cards and logon IDs.
AMMIS	○	Secure access is primarily determined by building access cards and logon IDs.
CAMELLIA II/My Alabama	○	Secure access is primarily determined by building access cards and logon IDs.
TFQ	○	Secure access is primarily determined by building access cards and logon IDs.
APS	○	Secure access is primarily determined by building access cards and logon IDs.

S.3 – Authorization and Access Control

MITA Technical Function Description

Authorization and Access Control technical area is focused on the ability to use roles for security access.

- ○ User access to system resources depending on their role at sign-on

State Technical Function Description

User access to system resources depends on their role at sign-on (role-based access). Each user gets a unique logon ID. The user needs to renew their password anywhere from 30 to 60 days depending on the system (e.g., AMAES – 30 days, Network – 45 days, Internet ISD – 60 days, Camellia II – 60 days, TFQ – 45 days, MMIS – 30 days). In general, access to the building and parking ramp relies on a card swipe authorization system which allows access only to authorized personnel. Any guest visitor must wear a visitor badge, sign into a log book, and be escorted by approved personnel.

Cartridges sent to external entities are not encrypted. Data transmitted through Connect:Direct, FTP, and SOBRA transmission are not encrypted. However, Tumbleweed (transmission to IRS) is encrypted and transmission to the bank is secured by sending it through VPN. The AMMIS Fiscal agent uses the SFTP to encrypt the files that are exchanged with other entities. AMAES and TFQ uses media tracking (e.g., use Tumbleweed) when Protected Health Information (PHI) is send out. Compact Discs (CDs) are encrypted and protected, and cannot be opened without a password. Email encryption system encrypts the files sent via email. TFQ and AMMIS have policy that requires the notebook computers must have

S.3 – Authorization and Access Control

encryption.

Only registered providers who have a high security level (known as clinical user) can input information in QTool. From the Agency perspective, there is not a restriction on who can have this level. The level of security is decided by the practice/provider who takes responsibility for the persons that are allowing access to the system.

The Technical survey questions 110, 111, 112, 113, 114, 115, 126, 160, 161, and 162 have been identified as the source of this description.

State As Is Maturity

System	Maturity	As Is Description
AMAES		User access to system resources depend on their role at sign-on (role-based access).
AMMIS		User access to system resources depend on their role at sign-on
CAMELLIA II /My Alabama		User access to system resources depend on their role at sign-on
TFQ		User access to system resources depend on their role at sign-on
APS		User access to system resources depend on their role at sign-on.

S.4 – Intrusion Detection

MITA Technical Function Description

Intrusion detection technical area is focused on the ability of the organization to detect and control intrusion into secure systems.

S.4 – Intrusion Detection

State Technical Function Description

The intrusion detection tools/devices in place across the enterprise are:

- Virus detection
- Firewall
- Anti spyware
- Website filtering
- Email filtering
- Desktop security software
- Personal firewall
- Pointsec PC encryption software

The intrusion detection tools installed in AMAES, TFQ, and CAMELLIA II are capable of detecting when an intrusion attempt has been made on the network and relays that information to the respective person. The network is protected using Demilitarized Zone (DMZ) firewall configuration. The data sent through the network are encrypted with an exception of local LAN, where it is point to point connection between the MMIS Fiscal agent & the Alabama Medicaid Agency. As a mean of physical measures, security badges, card keys, and/or intrusion detection devices like motion control cameras are used to monitor a physical breach of security. The equipments are stored in secured access area (e.g., State mainframe, Medicaid servers, Medicaid printers, MMIS Fiscal agent equipments etc). Systems or Application (AMAES, MPS, etc.) security is defined within the application. Active Directory & RACF are configured to lock an account if the password is entered incorrectly 3 times.
The Technical survey questions 163, 164, 165, 166, 167, and 168 have been identified as the source of this description.

State As Is Maturity

System	Maturity	As Is Description
AMAES	○	Intrusion detection tools are installed and capable of detecting the intrusion attempt on the network and relay that information to the respective person. Since there is no MITA defined definition for capabilities, FOX has relied on general guidelines as described in Section 2 of this document to determine characteristics of the level.
AMMIS	○	Intrusion detection tools are installed and capable of detecting the intrusion attempt on the network and relay that information to the respective person. Since there is no MITA defined definition for capabilities, FOX has relied on general guidelines as described in Section 2 of this document to determine characteristics of the level.
CAMELLIA II/My Alabama	○	Intrusion detection tools are installed and capable of detecting the intrusion attempt on the network and relay that information to the respective person. Since there is no MITA defined definition for capabilities, FOX has relied on general guidelines as described in Section 2 of this document to determine characteristics of the level.

S.4 – Intrusion Detection		
TFQ	○	Intrusion detection tools are installed and capable of detecting the intrusion attempt on the network and relay that information to the respective person. Since there is no MITA defined definition for capabilities, FOX has relied on general guidelines as described in Section 2 of this document to determine characteristics of the level.
APS	○	Intrusion detection tools are installed and capable of detecting the intrusion attempt on the network. It is not capable to automatically relay that information to the respective person. Since there is no MITA defined definition for capabilities, FOX has relied on general guidelines as described in Section 2 of this document to determine characteristics of the level.

S.5 – Logging and Auditing
MITA Technical Function Description
Logging and auditing technical area is focused on the approach of the organization to logging access attempts and their methods of auditing access. ○ Manual logging and analysis ● Access to the history of a user's activities and other management functions, including logon approvals and disapprovals and log search and playback

S.5 – Logging and Auditing

State Technical Function Description

The logging and auditing is a mix of manual and automated process (e.g., Mainframe logging is automated, screen access or transactions are automated, network logon is captured, RACF also captures logon information, and SMF files capture everything automatically). All login (successful and failed logon) attempts and account lockouts in AMAES and TFQ are tracked automatically, and print a report (that includes at least records of updates, data changed in tables, who did it, and when they did it) on a daily basis. In AMMIS, failed and successful logons and account lockouts are logged at initial authentication to the windows servers. Additionally log failed and successful logon at the UNIX application level. Data changes to tables are captured via audit tables, but no reports are printed. In general, the Alabama Medicaid Enterprise has the capability to lock a user id if the logon attempt fails three times or more, with an exception of Camellia II. Except Camellia II, there are audit tables that show who changed data, and have the capability to generate any reports or set any alerts. Capabilities exist to access the history of user's activities like network and email activities, log file of on-line transactions per user and create reports; and other management functions. In APS, Active Directory and RACF is configured to capture the last logon information and manually run monthly reports to identify the corresponding accounts that have been inactive for 90 day or more.

Camellia II is in the process to develop tracking mechanism that tracks all successful and failed logon's, and also track users logging in from different IP addresses. Triggers and reports will be part of this development.

Other than the above, the Alabama Medicaid Enterprise is capable to providing a complete audit trail of business functions (e.g., Claims and adjudication history data: provides a complete audit trail of the processing of each claim from receipt through adjudication and payment, Premium and capitation payment history data: provides a complete audit trail of the processing of each premium and capitation payment, and HCBS claims and payment history data: provides a complete audit trail of each HCBS claim from receipt through adjudication and payment).

The Technical survey questions 169, 170, 171, 172, 173, 174, 175, and 176, and OM19 have been identified as the source of this description.

State As Is Maturity

System	Maturity	As Is Description
AMAES	○	Logging process is automated and analysis of audits is largely manual. Capable to search the log and access the History of user's activities and other management functions. Capable to do playback. Capable to view logs and screens that users had accessed.
AMMIS	○	Logging process is automated and analysis of audits is largely manual. Capable to access the History of user's activities and other management functions. Not capable to do playback. The Fiscal agent's interChange system tracks changes that were made by the users.

S.5 – Logging and Auditing		
CAMELLIA II/My Alabama	○	Logging process is automated and analysis of audits is largely manual. Capable to access history of user's activities and do playback. Camellia plans to date and time stamp all data changes and also will historically snapshot all application data.
TFQ	○	Logging process is automated and analysis of audits is largely manual. Capable to access the History of user's activities and other management functions. Not capable to do playback.
APS	○	Logging process is automated and analysis of audits is manual.

S.6 – Privacy

MITA Technical Function Description

Privacy technical area is focused on the approach of the organization to ensure privacy of information.

- ○ Procedural controls to ensure privacy of information
- ● Access restriction to data elements based on defined access roles

State Technical Function Description

The Alabama Medicaid Enterprise has procedural controls including training, positioning of computer monitors, and ensuring sensitive information is out of sight etc for the privacy and security of data, and it is HIPAA compliant. The Agency ensures that PHI files in electronic format are password protected. Agency requires employees to take adequate technical steps to safeguard PHI, by locking door, storing files in locked cabinet and ensuring their screen saver is activated, when leaving the immediate area of PHI. Not all areas have the ability to restrict or grant access down to the column/field level (e.g., Camellia II). On Medicaid files maintained on the mainframe, access cannot be restricted up to the column/field level. However, via programming PHI data on the on-line screens can be displayed/hide. In TFQ, restrict or grant access is down to data type and not data element. In AMAES and TFQ, access to data elements based on defined access roles. In AMMIS, access is restricted at screen or report level. Except Camellia II, access to sensitive information based on assigned roles and logon IDs. If applicable, information requests are funneled through the Privacy Officer.

The Technical survey questions 177, 178, 179, 180, 181, and 182 have been identified as the source of this description.

State As Is Maturity

System	Maturity	As Is Description
AMAES	○	Privacy is largely procedural based with some user-defined access roles.
AMMIS	○	Privacy is largely procedural based with some user-defined access roles.

S.6 – Privacy		
CAMELLIA II/My Alabama	○	Privacy is largely procedural based with some user-defined access roles.
TFQ	○	Privacy is largely procedural based with some user-defined access roles.
APS	○	Privacy is largely procedural based across the agency with some user-defined access roles.

F.0 – Flexibility - Adaptability and Extensibility

This MITA Technical Capability area focuses on the ability of systems to meet changing business needs and adapt to different environments over time. The flexibility and adaptability of a system mature as more control is extended to the business user. Extensibility refers to how well the system is designed for growth and change to prospectively address anticipated future changes.

Key to the Maturity Level symbols – shaded circles that indicate the general level of Technical Capability:

○ The majority of the technical area is not automated and performed primarily by manual processes or data comes into the system through paper or fax

◔ The majority of the technical area is automated, but using a legacy system; data enters the system primarily through tapes, disks or proprietary systems and using non-standard/proprietary formats

● The majority of the technical area is fully automated, uses national standards, and may utilize SOA or an ESB. This symbol represents technical capabilities exist to support MITA Business Capabilities Level 3 and higher

F.1 – Rules Driven Processing

MITA Technical Function Description

Rules driven processing technical area is focused on the methods the State uses to apply system and business process rules and their approach to management of those rules.

- ○ Manual application of rules (and consequent inconsistent decision making)
- ● Linking a defined set of rules into business processes or using applications executed with a Basic Rules Management System (often called a Rules Engine)

State Technical Function Description

Most of the system and business process rules in the Alabama Medicaid Enterprise are hard coded in the program codes and tables, and changes to business rules requires programming changes. Systems lists and parameters are also used in AMAES, AMMIS, and TFQ to apply system and business process rules. AMAES is setting up a table-driven system and that will be controlled and managed by programming staff under the direction of business users. In the NET voucher request system, workflow documents are routed and processed through the workflow according to a rules engine (i.e., the FEITH Document Database rules engine (REX), which was developed and maintained by FEITH Systems and Software, Inc). For the systems that are on the mainframe platform (e.g., AMAES, BENDEX, SDS, SVES, etc.), the business rules are primarily within the Cobol program and not in tables. However, there is a process in progress to convert from VSAM to DB2 which will allow system users to add some business rules into DB2 tables in the future. In addition, Price Claim/Value Encounter also relies on rules engine.

Both TFQ and AMMIS also have a rules engine (e.g., editing and auditing rules in MMIS claims engine). A variety of methods are used to apply rules to systems (e.g., manually through panel interaction and then automated as with the reapplication of rules when data changes, use tables and coded ID codes, configurable rules based on patient procedures, diagnosis, dates of service, clinical observations etc).

F.1 – Rules Driven Processing

More than 75% of the business process rules in AMAES and AMMIS are either hardcoded in program codes or system parameters. A log file is maintained for auditing CICS transactions, and changes to all software rules in both programs and in hard copy are tracked However, >75% of the business rules in TFQ are in rules engine.

Business process rules are managed either by:

- Programmatically changing the hardcoded logic when the users specify policy changes and then request programming staff to change programming as needed.
- automated updates applied to rules engine based on the periodical review of the rules

By using the program log, change request, history of changes, or last update date, one would be able to see which rules were in production at any given time.

Changes to edit & audit rules are captured with date stamps in the reference audit tables and are accessible through audit trail panels.

TFQ utilizes a rules engine named Hercules, which they use to analyze claims and clinical data and look for standard best practices for asthma, diabetes, etc. The base rules are manually set up via user interface. All the business rules are set up the rules engine. The rules which are currently in production are identified by an indicator. . In APS, business rules are not documented properly and many of the rules are manually applied and some are hard coded in the program logic.

The Technical survey questions 28, 183, 184, 185, 186, 187, 188, 189, and 190 have been identified as the source of this description.

State As Is Maturity

System	Maturity	As Is Description
AMAES	○	Business rules are generally hard coded, system edits and parameter lists. Business rules are applied manually.
AMMIS	○	Business rules are generally hard coded, system edits and parameter lists. Have rules engine and the business rules are applied either manually or automatically.
CAMELLIA II/My Alabama	N/A	Not Applicable
TFQ	○	Business rules are generally hard coded (i.e., some customer specific rules regarding required data are hardcoded), system edits and parameter lists. Have rules engine and the business rules are applied automatically.
APS	○	Business rules are either hard coded in the program source code or manually applied.

F.2 – Extensibility

MITA Technical Function Description

Extensibility technical area is focused on the ability of the State to apply extensions to system functionality.

- ○ Extensions to system functionality that require pervasive coding changes
- ● Services with points at which to add extensions to existing functionality (changes highly localized)

State Technical Function Description

Most of the key transactions processing functions are in or dependent on legacy applications with business rules embedded in the coding. Extension to system functionality requires pervasive coding/coding changes, depending on the business need. The components of Alabama Medicaid Enterprise are not loosely coupled and the interfaces are Technology dependent on applications. In other words, it is highly proprietary. In AMMIS, the system functionality can be added as modular, hard coded, parameter, or table driven depending on the functionality. Around twenty five percent of the operational extensions in AMMIS and TFQ are applied through systems lists and system parameters and the rest through configuration files, tables, hard coding, etc. Table driven functionality makes it easier to make changes. Testing can add to the time needed to make changes. The majority of the interfaces in the Alabama Medicaid Enterprise are technology dependent. There are some off-line, desktop solutions which are not integrated to MMIS system (like siloed/standalone or home grown system (e.g., Project Tracking System, Tape Management, Motor Pool, HR, CROCS, APS (interfaces), Help Desk, MPS, PTS etc). The changes or extension to the system functionality is not localized.

Following are the tools used to facilitate the mapping and development of interfaces:

- Microsoft Visual Studio framework
- DevExpress
- Power Designer
- tcAccess
- Sybase translator
- Biztalk (by TFQ)

The Technical survey questions 6, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, and 203 have been identified as the source of this description.

State As Is Maturity

System	Maturity	As Is Description
AMAES	○	New functionality can be integrated as modular or hard coded
AMMIS	○	New functionality can be integrated as modular, hard coded, parameter, or table driven depends on the functionality. There are places where plug and play exists, but not for the overall architecture (e.g., Translator, web portal, places where COTS products are utilized).
CAMELLIA II/My Alabama	N/A	Not applicable

F.2 – Extensibility		
TFQ	●	New functionality can be integrated as a modular. The QTool application is built on .NET SOA based architecture. Additional functionality is added as plug and play
APS	○	Significant programmer and/or Database Administrator (DBA) intervention is required.

F.3 – Automate Configuration and Reconfiguration Services

MITA Technical Function Description

Automate configuration and reconfiguration services technical area is focused on the State's approach to configuration management.

- ○ Configuration and reconfiguration of distributed application that typically requires extensive hard-coded changes across many software components and/or applications across the enterprise (and with significant disruption)
- ● Consistent distributed applications using common business change processes that coordinate between active components and ensure minimal disruption

State Technical Function Description

There are some published procedures and there is no configuration management plan across the Medicaid Enterprise. There are separate configuration management plans for AMAES, AMMIS, and TFQ as they are on different platforms like mainframe, servers, etc. Mainframe processes are documented. The Server applications are new to IT and hence policies and procedures are still being developed. MMIS has its own Configuration Management process outside of IT which is maintained by the Fiscal agent. ,. Configuration Management Plan on the MMIS Fiscal agent side only applies to AMMIS. Only TFQ has the capability to automatically configure and reconfigure the applications/functions and it is manual elsewhere. Configuration and reconfiguration of rules engine is a mix of manual and automated process; i.e., some parameters will auto-populate and some manual configuration is required based on the information entered. The majority of the configuration and reconfiguration of distributed applications requires extensive hard-coded changes across many software components and/or applications across the enterprise. However, the configuration and reconfiguration implementations on AMMIS are planned to not cause significant disruption. Except TFQ, the introduction of new technology significantly affects the interfaces to applications. The introduction of new technology is a resource challenge rather than a technology challenge. Reconfiguring the applications and functions usually requires coding changes with the associated requirements gathering, code development, testing and implementation. In TFQ, there are published procedures and configuration management plan, but in a Medicaid Enterprise perspective, those rules are applied only in the TFQ area). APS uses the new versioning software named TFS, which is not stable and they are still learning how to use it. Configuration and reconfiguration requires extensive changes to hardcoded program logic, and it creates a significant disruption to services.

The Technical survey questions 29, 204, 205, and 206 have been identified as the source of this description.

F.3 – Automate Configuration and Reconfiguration Services		
State As Is Maturity		
System	**Maturity**	**As Is Description**
AMAES	○	Configuration is generally manual and requires code level changes.
AMMIS	○	Configuration is generally manual and requires code level changes.
CAMELLIA II/My Alabama	N/A	Not Applicable. The system is in the development stage, and hence at this time there is no configuration/reconfiguration process or plans
TFQ	◔	Capable to do automatic configuration and reconfiguration
APS	○	Requires extensive changes to the hardcoded logic. There is significant disruption.

F.4 – Introduction of New Technology
MITA Technical Function Description
Introduction of new technology technical area is focused on the State's ability to introduce new technology and the affect that has on existing systems. ○ Technology-dependent interfaces to applications that can be significantly affected by the introduction of new technology ● Technology-neutral interfaces that localize and minimize the impact of the introduction of new technology (e.g., data abstraction in data management services to provide product neutral access to data based on metadata definitions)
State Technical Function Description
The majority of components of the Alabama Medicaid Enterprise are neither loosely coupled nor introduced fairly easily. Most of the interfaces are not defined in WSDL, with point-to-point connection, and are dependent to Technology. There are web services created in AMAES and TFQ (i.e., which connect hospitals and EMR systems to TFQ), and the TFQ web services is created in WSDL. Introduction of new technology is cumbersome due to the legacy mainframe environment and the distribution of information and data across multiple subsystems. The introduction of new technology is both a resource challenge and technology challenge. The Technical survey questions 98, 207, 208, 209, and 210 have been identified as the source of this description.
State As Is Maturity

System	Maturity	As Is Description
AMAES	○	Interfaces to applications are technology-dependent, are affected by the introduction of new technology

F.4 – Introduction of New Technology		
AMMIS	○	Interfaces to applications are technology-dependent, are affected by the introduction of new technology
CAMELLIA II/My Alabama	N/A	Not Applicable
TFQ	●	Interfaces to applications are technology-neutral and are not affected by the introduction of new technology
APS	○	Technology dependent. Introduction of new technology is a resource challenge.

APPENDIX E: GLOSSARY

.NET: Microsoft's application development framework for Web, server and Smart Client Application

ACORN: Alabama Care Coordination Referral Network

ACS: Affiliated Computer Systems

ADA: American Dental Association

AHIMA: American Health Information Management Association

AMA: Alabama Medicaid Agency

AMAES: Alabama Medicaid Application and Eligibility System

AMMIS: Alabama Medicaid Management Information Systems

APC: Ambulatory Payment Classification

APD: Advance Planning Document

APS: Accounts and Payables System

ARRA: American Recovery and Reinvestment Act of 2009

ARS: Alabama Rehabilitation Services

ASCII: American Standard Code for Information Interchange

ASP: Active Server Pages

AVECS: Automated Voice Eligibility and Claims System

AVR: Automated Voice Response

AVRS: Automated Voice Response System

BA: Business Area

BCBS: Blue Cross/Blue Shield

BCM: Business Capability Matrix

BENDEX: Beneficiary Earnings Data Exchange

BP: Business Process

BPEL: Business Process Execution Language

BPM: Business Process Management

BPR: Business Processing Reengineering

BRM: Business Relationship Management

BSM: Bureau of Systems Management

C#: C Sharp
CA: Computer Associates
CBE: Computer Based Edits
CCD: Continuity of Care Document (HL7)
CCHIT: Certification Commission for Healthcare Information Technology
CCRS: Core Coordination Referral System
CD: Compact Disc
CDA: Clinical Document Architecture
CFR: Code of Federal Regulations
CHIP: Children's Health Insurance Program
CICS: Customer Information Control System
CLEAR: Super fast mobile internet
CM: Clinical Modifications
CMS: Centers for Medicare & Medicaid Services
COB: Coordination of Benefits
COBOL: Common Business Orientated Language
COLD: Enterprise report management system
COTS: Commercial Off-the-Shelf
CPT: Current Procedural Terminology
CRM: Customer Relationship Management
CROCS: Comprehensive Recipient On-Line Collections
CSR: Computer Systems Request

DAC: Disabled Adult Children
DB2: Database 2
DDE: Direct Data Entry
DEA: Drug Enforcement Agency
DFA: Department of Finance Administration
DHR: Department of Human Resources

DOE: Department of Education
DOF: Department of Finance
DOH: Department of Health
DOL: Department of Labor
DOM: Division of Medicaid
DPH: Department of Public Health
DPS: Department of Public Safety
DRA: Deficit Reduction Act
DRG: Diagnosis Related Group
DSS: Department of Senior Services
DSMO: Data Standards Maintenance Organization
DSS: Decision Support System
DVD: Digital Video Disc
DW: Data Warehouse

EA: Enterprise Architecture
EAI: Enterprise Application Integration
EDB: Electronic Data base
EDI: Electronic Data Interchange
EDS: Electronic Data Systems – now HP Enterprises
EFT: Electronic Funds Transfer
EHI: Electronic Health Information
EHR: Electronic Health Record
EHRS: Electronic Health Record System
EOB: Explanation of Benefits
EPSDT: Early Periodic Screening, Diagnosis, and Treatment Program
ESB: Enterprise Service Bus
eSignature Electronic signature
ESRD: End Stage Renal Disease
ETL: Extract, Transform, Load
EVS: Eligibility Verification System

FA: Fiscal Agent
FAQ: Frequently Asked Question
FFP: Federal Financial Participation
FFS: Fee-for-Service
FQHC: Federally Qualified Health Centers
FMAP: Federal Medical Assistance Percentage Match
FTP: File Transfer Protocol
FY: Fiscal Year

GIS: Geographic Information System

HCBS: Home and Community Based Service
HCPCS: Healthcare Common Procedure Coding System
HHS: Health and Human Services
HIE: Health Information Exchange
HIFA: Health Insurance Flexibility and Accountability
HIPAA: Health Insurance Portability and Accountability Act
HIPAA 270/271: HIPAA X.12 standard format eligibility verification requests and response
HIPP: Health Insurance Premium Payment
HIS: Health Information System
HIT: Health Information Technology
HL7: Health Information Seven (Standards for exchanging medical information)
HMO: Health Maintenance Organization

IA: Information Architecture
IAPD: Implementation Advance Planning Document
ICD: International Statistical Classification of Disease and Related Health Problems
ICCY: Interagency Coordinating Council for Children and Youth
ICF/MR: Intermediate Care Facilities for the Mentally Retarded
IEVS: Income Eligibility Verification System

IHS: Indian Health Services

IIS: Information Internet Server

IRS: Internal Revenue Service

ISAM: Indexed Sequential Access Method

IT: Information Technology

ITB: Invitation to Bid

ITF: Integrated Test Facility

IV&V: Independent Verification and Validation

IVR: Interactive Voice Response

JCL: Job Control Language

LAN: Local Area Network

LBO: Legislative Budget Office

LIN: Local Interconnect Network

LOINC: Logical Observation Identifiers Names and Codes

LTC: Long Term Care

MAR: Management & Administrative Reporting

MCH: Maternal and Child Health

MEDS: Medicaid Eligibility Determination System

MEDSX: Medicaid Eligibility Determination System Expansion

MEQC: Medicaid Eligibility Quality Control Division

MFCU: Medicaid Fraud Control Units

MITA: Medicaid Information Technology Architecture

MITA & BPR Phase I Project: Medicaid Information Technology Architecture and Business Process Reengineering Phase I Project

MLIF: Medicaid for Low Income Families

MMA: Medicare Modernization Act of 2003

MMIS: Medicaid Management Information Systems

MOA: Memorandum of Agreement

MOU: Memorandum of Understanding

MPS: Multiprocessor Systems
MR/DD: Mentally Retarded/Developmentally Disabled
MS: Microsoft
MSIS: Medicaid Statistical Information System

N-Tier: Multi Tier application architecture
NAIC: National Association of Insurance Commissioners
NAMPI: National Association of Program Integrity
NASIRE: National Association of State Information Resource Executives
NCHS: National Council of Health Statistics
NCVHS: National Committee on Vital and Health Statistics
NDC: National Drug Code
NDPDP: National Council for Prescription Drug Programs
NET: Non-Emergency Transportation
NHIN: National Health Information Network
NMEH: National Medicaid EDI Healthcare Workgroup
NPI: National Provider Identifier
NPPES: National Plan and Provider Enumeration System
NPRM: Notice of Proposed Rulemaking
NUBC: National Uniform Billing Committee

OCR: Optical Character Recognition
OIT: Optical Imaging Technology
OGC: Office of General Council
OPDIV: Operating Division
OT: Occupational Therapy

P4P: Pay for Performance
PA: Prior Authorization
PARIS: Public Assistance Reporting Information System
Part D: Medicare Prescription Drug Coverage Plans

PAS: Pre-Admission Screening

PC: Personal Computer

PCCM: Primary Care Case Management

PCP: Primary Care Provider

PCS: Procedure Coding System

PDA: Personal Digital Assistant

PDF: Portable Document Format

PEC: Post Extended Hospital Care

PHI: Protected Health Information

PHRM: High-Risk Management Program

PKI: Public Key Infrastructure

POA: Present on Admission

POS: Point of Sale

PRTF: Psychiatric Residential Treatment Facilities

PSCRB: Personnel Services Contract Review Board

PT: Physical Therapy

QA/QC: Quality Assurance/Quality Control

QDWI: Qualified Disabled Working Individuals

QI: Quality Improvement

QI-1: Qualified Individual 1

QI-2: Qualified Individual 2

QMB: Qualified Medicare Beneficiaries

RA: Remittance Advice

RACF: Resources Access Control Facility

RFP: Request for Proposal

RHC: Rural Health Clinic

RHIO: Regional Health Information Organization

RO: Regional Office

ROI: Return on Investment

RS R&R Phase II Project: Recipient Subsystems Reengineering and Redesign Phase II Project
RTI: Remote Technologies Inc
RVU: Relative Value Unit

S-CHIP: State Children's Health Insurance Program
SAIL: State of Alabama Independent Living Waiver
SDO: Standard Development Organization
SDX: State Data Exchange
SFTP: SSH File Transfer Protocol
SLMB: Specified Low-Income Medicare Beneficiaries
SME: Subject Matter Expert
SMM: State Medicaid Manual
SNOMED: Systematized Nomenclature of Medicine
SOA: Service Oriented Architecture
SPA: State Plan Amendment
SPSS: Statistical Package for Social Sciences
SQL: Structured Query Language
SSA: Social Security Administration
SS-A: State Self-Assessment
SSI: Supplemental Security Income
SURS: Surveillance and Utilization Review Subsystem
SVES: State Verification Exchange System

TA: Technical Assessment
TANF: Temporary Assistance for Needy Families
TBD: To Be Determined
TCM: Technical Capability Matrix
TF: Technical Function
TFQ: Together For Quality Transformation Grant
TOAD: Tool for Application Developers
TPL: Third Party Liability

TSO: Time Sharing Option

UAT: User Acceptance Testing
UM/QIO: Utilization Management and Quality Improvement Organization
UML: Unified Modeling Language

VPN: Virtual Private Network
VSAM: Virtual Storage Access Method

USPS: United States Postal Service

WBS: Work Breakdown Structure
WHO: World Health Organization
WIC: Women, Infants and Children
WSDL: Web Service Description Language

XML: Extensible Markup Language